

33/3/17.

# DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT)



# ANNUAL REPORT

OF THE

## County Medical Officer

FOR THE YEAR

1952



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(MEDICAL DEPARTMENT)



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# INDEX

	PAGE
Acreege .. .. .	38
Acute Infantile Encephalitis .. Tables III, IIIA, VI & VII ..	—
Ambulance Service .. .. .	87
B.C.G. Vaccination .. .. .	83
Births .. .. . Table I ..	5, 38, 39, 69, 78
Blind Welfare .. .. .	69
Cancer .. .. . Table II, VI & VII ..	5, 40
Care of Mothers and Young Children .. .. .	73
Cerebro-spinal Fever .. .. Tables III, IIIA ..	42
Child Guidance .. .. .	94
Child Life Protection .. .. .	72
Children neglected or ill-treated in their own Homes .. ..	95
Clinics and Treatment Centres .. .. .	75
Deaths .. .. . Tables II, VI & VII ..	5, 38, 39, 44, 71
Diarrhoea .. .. . Tables VI & VII ..	—
Diphtheria .. .. . Tables III, IIIA, VI & VII ..	41
Diphtheria Immunisation .. .. .	87
District Medical Officers of Health, List of .. .. .	16
Domestic Help .. .. .	85
Drainage and Sewerage .. .. .	96
Enteric Fever .. .. . Tables III, IIIA, VI & VII ..	41
Food and Drugs .. .. .	26
General Mortality .. .. . Tables II, VI & VII ..	5, 38
General Statistics .. .. .	5, 38
Handicapped Pupils .. .. .	94
Health Services—Changes of .. .. .	5
Health Visitors and Visiting .. .. .	10, 80
Heart Disease .. .. . Table II, VI & VII ..	39
Home Helps .. .. .	85
Home Nursing .. .. .	81
Housing .. .. .	96
Infantile Mortality .. .. . Table I ..	5, 39, 71
Infectious Diseases—Deaths .. Tables II, III & IIIA ..	39
Prevalence and Control of .. .. .	40
Influenza .. .. . Tables VI & VII ..	41

	PAGE
Mass X-Ray .. .. .	84
Maternal Deaths .. .. . Table I .. .. .	5, 39, 72
Maternity and Child Welfare—	
Ante-Natal Medical Examinations and Centres .. .. .	73
Births .. .. . Table I .. .. .	5, 38, 69
Care of Unmarried Mothers and their Children .. .. .	74
Centres .. .. .	75
Child Life Protection .. .. .	72
Consultants .. .. .	80
Dental Treatment .. .. . Table V .. .. .	73
Family Planning and Birth Control .. .. .	73
Health Visitors and Health Visiting .. .. .	10, 80
Home Helps (Domestic Helps) .. .. .	85
Infantile Mortality .. .. . Table I .. .. .	5, 39, 71
Institutional Provisions for Maternity Care .. .. .	79
Maternity Outfits .. .. .	73
Medical Aid .. .. .	79
Midwifery .. .. .	77
Mortality, Maternal .. .. . Table I .. .. .	5, 39, 72
Moral Welfare .. .. .	74
Motor Conveyance and Hire .. .. .	79, 87
Notification of Births .. .. .	70
Nurseries .. .. .	77
Ophthalmia Neonatorum .. .. . Tables III, IIIA .. .. .	42, 71
Public Health Act, 1936 (Nursing Homes Registration) .. .. .	72
Puerperal Fever and Pyrexia .. .. . Tables III, IIIA, VI & VII .. .. .	42, 72
Still Births .. .. .	70
Women's Welfare Clinics .. .. .	73
Medical Department, Staff of .. .. .	7
Medical Officers of Health, District, List of .. .. .	11
Mortality—Causes of .. .. . Tables VI & VII .. .. .	—
Cancer .. .. . Table II .. .. .	5, 40
General .. .. . Table II .. .. .	38, 39
Infantile .. .. . Table I .. .. .	5, 39, 71
Maternal .. .. . Table I .. .. .	5, 39, 72
Tuberculosis .. .. . Tables II, VI & VII .. .. .	41, 45
Measles .. .. . Tables VI & VII .. .. .	41
Mental Health .. .. .	87
Midwifery .. .. .	77
Milk .. .. .	96
Nephritis .. .. . Table II, VI & VII .. .. .	—
Notifiable Diseases .. .. . Tables III, IIIA .. .. .	40
Notification of Births .. .. .	70
Nurseries and Child Minders Regs. Act, 1948 .. .. .	72
Nurses Acts, 1919-1945 .. .. .	72
Nursing Homes—Registration .. .. .	72
Oaklands Park .. .. .	68
Ophthalmia Neonatorum .. .. . Tables III, IIIA .. .. .	42, 71
Occupational Therapy .. .. .	48, 82
Pneumonia .. .. . Tables III, IIIA, VI & VII .. .. .	41
Polio-myelitis .. .. . Tables III & IIIA .. .. .	42
Populations .. .. . Table II .. .. .	38
Prevention of Illness, Care and After Care .. .. .	81
Puerperal Fever and Pyrexia .. .. . Tables III, IIIA, VI & VII .. .. .	42, 72
Respiratory Diseases .. .. . Table II .. .. .	—
Rural Water Supplies and Sewerage Schemes .. .. .	96

	PAGE
School Closure .. .. .	42
Sewerage .. .. .	96
Small-pox .. .. .	40, 86
Scarlet Fever .. .. . Tables III, IIIA, VI & VII	40
Staff of the Medical Department .. .. .	7
SURVEY—Services under N.H.S. Act, 1946 .. .. .	13
Tuberculosis—	
Admissions to, and Discharges from Institutions .. .. .	49
B.C.G. Vaccination .. .. .	83
Deaths .. .. . Tables II, VI & VII	44
Dental Treatment .. .. .	61
Diagnosis .. .. .	60
Dispensaries .. .. .	49
Extra Nourishment Grants .. .. .	48
Hawkmoor Chest Hospital .. .. .	56, 65
Hawley .. .. .	62
Home Visiting and After-Care .. .. .	49
Hospitals for Treatment of .. .. .	56
Institutional Treatment .. .. .	56
Mass X-Ray .. .. .	84
Mortality .. .. . Tables II, VI & VII	44
Notification .. .. .	42
Nursing Facilities .. .. .	49
Prevention of Tuberculosis Regulations, 1925 .. .. .	48
Residential Treatment .. .. .	56
Results of Treatment .. .. .	51
Shelters .. .. .	49
Treatment, Special Forms of .. .. .	55
X-rays .. .. .	48, 60
Typhoid Fever .. .. . Tables III, IIIA, VI & VII	—
Vaccination and Immunisation .. .. .	86
Venereal Diseases .. .. .	96
Veterinary Inspections .. .. .	100
Vital Statistics .. .. . Table II	5, 38
Water Supplies .. .. .	96
Whooping Cough .. .. .	41
X-rays Department .. .. .	48, 60
Zymotic Diseases—Death Rate .. .. . Table III	—

MEDICAL DEPARTMENT,  
 IVYBANK,  
 45, ST. DAVID'S HILL,  
 EXETER.

*July, 1953.*

To the Chairman, Aldermen and  
 Members of the Devon County Council.

MR. CHAIRMAN, MY LORDS,  
 LADIES AND GENTLEMEN,

I have the honour to present my Twenty-Fourth Annual Report upon the Public Health of the Administrative County of Devon.

The following statistics which have been prepared for 1952, show that the Infantile Mortality Rate and the Tuberculosis Death Rate have again fallen, and there is also a reduction in the Death Rate (all causes) :—

	1952	1951	1950	1949
Birth Rate .....	13.6	13.5	13.5	14.7
Death Rate (all causes) .....	13.6	15.6	14.5	14.7
Maternal Death Rate .....	1.02	0.88	1.46	1.49
Infantile Mortality .....	25.9	27.9	29.9	28.8
Tuberculosis Death Rate .....	0.21	0.29	0.32	0.37
Cancer Death Rate .....	2.3	2.2	2.3	2.3

On the instructions of the Minister of Health, I have carried out, during the year, a Survey of the Health Services provided under the National Health Service Acts, and would particularly draw your attention to this section of my report. You will note that the obligatory services are being carried out, but for reasons of economy there has been little expansion, and the permissive sections have been limited.

For the second year in succession, there has been a steady drop in the loss of infant life from still-birth, which, in a large measure, is the result of health education from Medical Practitioners, both in general practice and the public health service, and by Health Visitors and Midwives. The Infantile Mortality Rate is the lowest ever recorded in the County. During the year, an additional six sets of analgesia apparatus were purchased, and at the end of the year 141 sets were in use and 149 of the County Midwives were

qualified to administer analgesics. It is hoped that next year sufficient apparatus will be available for the use of every nurse who is qualified to use it.

I am again indebted to the District Councils for the co-operation and assistance I have received with regard to housing accommodation for our District Nurse/Midwives.

I am pleased to report that the downward trend in the incidence and death rate of Tuberculosis continues. In 1952, there were 235 primary notifications of Pulmonary Tuberculosis, compared with 313 for 1951. In 1951 the primary notifications of Non-Pulmonary Tuberculosis were 75, and in 1952, 63. In this connection, I would stress that every possible use should be made of the Mass Miniature Radiography Units which visit various parts of the County every year, as they are of considerable assistance to Medical Practitioners in diagnosing this disease and treating it in its early stages.

The response to diphtheria immunisation has continued to increase and only one case of diphtheria was notified during the year and no death. We are rapidly approaching the position where a case of diphtheria will be as much a rarity as a case of small-pox and when the disease will no longer be classed as endemic. However this position can only be reached by ensuring that the campaign against diphtheria continues without respite. It has been found that many mothers finding that none of the children of their friends have had diphtheria tend to consider that other illnesses are more dangerous. This is not the case, and every endeavour should be made to persuade mothers of newly-born children to take advantage of the diphtheria immunisation scheme. It will not be until the dangers of the disease are realised and the safeguard of immunisation is taken, that the position can be considered satisfactory.

In the field of care and after-care the County Council have, during the year, commenced their own Occupational Therapy Service. Previously, the service was carried out by St. Loyes College on an agency basis for tuberculous patients only. With our own staff of three qualified therapists, we have been able to expand the service to include non-tuberculous patients in addition to the tuberculous patients who have received therapy previously.

I again take this opportunity of expressing my appreciation of the support given to me by the members of the County Council and Committees, and of the loyal co-operation and work of all members of my staff.

I have the honour to be,

Your obedient Servant,

L. MEREDITH DAVIES,

*County Medical Officer*



## STAFF OF THE MEDICAL DEPARTMENT.

*County Medical Officer.*

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon.), D.P.H. (Oxon.),  
M.R.C.S. (Eng.), L.R.C.P. (Lond.).

*Deputy County Medical Officer.*

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.

*Senior Assistant Medical Officer for Maternity and Child Welfare.*

F. Gloria Richards, M.R.C.S., L.R.C.P., D.(Obst.) R.C.O.G.

*Assistant County Medical Officers.*

(COMBINED APPOINTMENTS).

Newton Abbot—H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.

Paignton—A. Dick, M.D., Ch.B., D.P.H.

St Thomas—L. G. Anderson, M.D., Ch.B., D.P.H.

*Assistant County Medical Officers.*

Barnstaple—H. R. Vernon, M.B., Ch.B.

Bideford/Holsworthy—T. J. Davidson, M.B., Ch.B., D.P.H.,  
D.T.M. & H.

Brixham—M. H. King, M.B., Ch.B., D.P.H.

Crediton/Okehampton—M. S. O'Riordan, B.A., M.B., B.Ch., B.A.O.

Exeter—G. H. Walker, M.B., Ch.B., D.P.H.

Honiton—D. M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Kingsbridge—J. S. Rogers, L.R.C.P., M.R.C.S.

Tavistock—M. E. Budding, B.Sc., M.B., B.Ch., D.P.H.

Tiverton—N. Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.

Torquay—L. Solomon, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.,  
D.C.H.

Temporary—M. Epstein, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.,  
D.C.H., R.C.S.I., (Half-time 6.5.52—5.7.52)

*Chest Physicians.*

G. E. Adkins, M.B., B.Chir. (Cantab.)

W. E. B. Lloyd, M.R.C.S., L.R.C.P., D.P.H.

A. J. McMillan, M.R.C.S., (Eng.), L.R.C.P. (Lond.)

J. C. Mellor, M.B., B.Ch.

The Chest Physicians are now on the staff of the Regional Hospital Board, but a portion of their time is devoted to prevention, care and after-care, which remain the responsibility of the County Health Committee.

*Senior County Dental Officer.*

J. Fletcher, L.D.S.

*County Dental Officers.*

*Barnstaple Urban*—M. F. Inder, L.D.S., (Part-time, Res'd 22.2.52)  
W. H. Phillips, L.D.S., (Apptd. 25.2.52).

*Barnstaple Rural*—R. J. Inder, L.D.S., (Retired 28.6.52).  
H. W. Gibbs, L.D.S., R.C.S. (transferred from Exmouth 29.6.52.)

*Bideford*—E. Rich, L.D.S., (Res'd 30.9.52).

*Crediton*—B. J. Shapland, L.D.S.

*Exeter Rural*—J. L. Dickson, L.D.S., R.F.P.S.

*Exmouth*—W. A. Dredge, L.D.S., (Res'd 17.2.52.)  
H. W. Gibbs, L.D.S., R.C.S., (Appt. 18.2.52, transferred to Barnstaple Rural from 29.6.52).  
R. O. Borgars, L.D.S., R.C.S. (Appt. 7.7.52).

*Holsworthy*—

*Kingsbridge*—J. K. Vowles, B.D.S., (Appt. 23.1.52).

*Newton Abbot Urban*—J. M. Steer, L.D.S., R.C.S.

*Newton Abbot Rural*—J. E. B. Smith, L.D.S.

*Paignton*—D. R. House, M.R.C.S., L.R.C.P., L.D.S.

*Plympton*—A. S. Peacock, L.D.S., D.D.O., (Also part-time Orthodontist).

*Sidmouth*—K. W. Massey, L.D.S., (Transferred from Exmouth 1.1.52).

*Tavistock*—A. T. Dally, L.D.S., (Appt. 1.5.52).

*Tiverton*—W. R. Matthews, L.D.S., R.C.S., (part time)

*Torquay*—H. N. Barnes, L.D.S. (Part-time Res'd. 9.4.52).

H. P. Joscelyne, L.D.S. (Part time Res'd 2.4.52)

J. A. Pugh, L.D.S. (Part-time).

G. C. Derbyshire, L.D.S.

*Totnes*—T. L. Fiddick, L.D.S.

*Chief Clerk.*

H. T. Baldwyn.

*County Sanitary Officers.*

M. S. Powling, C.R.S.I., M.S.I.A.

*County Analyst (Part-time).*

T. Tickle (Exeter) B.Sc., F.I.C.

*County Ambulance Officer.*

C. H. Congdon.

*County Superintendent of Nursing and Supervisor of Midwives.*

Miss L. Reynolds, S.R.N., S.C.M., H.V.

*Deputy County Superintendent of Nursing and Supervisor of Midwives.*

Miss M. Dawson, S.R.N., S.C.M., H.V.

*Assistant Superintendent of Nursing and Supervisor of Midwives.*

Miss E. M. Teague, S.R.N., S.C.M., H.V.

Miss G. M. Spear, S.R.N., S.C.M., M.T.D.

*Mental Health Section.*

Particulars of the Staff of the Mental Health Section can be found later in the report.

*Home Help Organiser.*

Miss M. Bryan.

*Head Occupational Therapist.*

Miss M. Keily, M.A.O.T.

*Assistant Occupational Therapists.*

Miss E. J. Giblin, M.A.O.T.

Miss R. M. Sturton, M.A.O.T.

*Health Visiting Staff.*

NAME		QUALIFICATIONS.		AREA.
Andrews,	Miss	S.R.N., S.C.M., H.V.C.		Bovey Tracey
Axford,	Miss	S.R.N., S.C.M., H.V.C.	Apptd. 19.5.52.	Kingsbridge
Baker,	Miss	S.R.N., S.C.M., H.V.C.	Res'd. 5.6.52.	Torquay
Ballard,	Miss	S.R.N., S.C.M., H.V.C.		Budleigh Salterton
Barrell,	Miss	S.R.N., S.C.M., H.V.C.	Res'd. 5.6.52.	Torquay
Butler,	Mrs.	S.R.N., S.C.M., H.V.C.	Ret'd. 31.12.52.	Honiton
Caffyn,	Miss	S.R.N., S.C.M., H.V.C.	Res'd. 5.4.52.	Ilfracombe
Carr,	Miss	S.R.N., S.C.M., H.V.C.	Appt'd. 26.5.52.	Braunton
Clark,	Miss	S.R.N., S.C.M., H.V.C.		Holsworthy
Edwards,	Miss	S.R.N., S.C.M., H.V.C.		Barnstaple Rural
Faulkner,	Miss	S.R.N., S.C.M., H.V.C.		Ottery St. Mary
Gallagher,	Miss	S.R.N., S.C.M., H.V.C.	Appt'd. 1.11.52.	Torquay
Gibbons,	Miss	S.R.N., S.C.M., H.V.C.		Hatherleigh
Gilbert,	Miss	S.R.N., S.C.M., H.V.C.		Dartmouth
Godfrey,	Mrs.	S.R.N., S.C.M., H.V.C.		Exmouth
Greenwood,	Miss	S.R.N., S.C.M., H.V.C.		Plympton (S.E.)
Hall,	Miss	S.R.N., S.C.M., H.V.C.		Buckfastleigh
Harper,	Miss	S.R.N., S.C.M., H.V.C.	Res'd. 18.4.52.	Braunton
Harris,	Miss	S.R.N., S.C.M., H.V.C.		Crediton
Harry,	Miss	S.R.N., S.C.M., H.V.C.		Bideford R.
Hensel,	Miss	S.R.N., S.C.M., H.V.C.	Appt'd. 1.5.52.	Broadclyst
Honeywell,	Miss	S.R.N., S.C.M., H.V.C.		Chudleigh
Jackson,	Miss	S.R.N., S.C.M., H.V.C.		Tiverton R.
Leathley,	Miss	S.R.N., S.C.M., H.V.C.		Barnstaple.
Lee,	Miss	S.R.N., S.C.M., S.I.Cert.	Ret'd. 31.12.52.	Brixham
Lee,	Mrs.	S.R.N., S.C.M., H.V.C.		Torquay
Mason,	Miss	S.R.N., S.C.M., H.V.C.		Plymstock
Morris,	Miss	S.R.N., S.C.M., H.V.C.		St. Thomas R.
Pester,	Miss	S.R.N., S.C.M., H.V.C.		Cullompton
Pulsford,	Miss	S.R.N., S.C.M., H.V.C.		Bideford
Ralls,	Mrs.	S.R.N., S.C.M., H.V.C.		South Molton
Rennie,	Miss	S.R.N., S.C.M., H.V.C.		Plympton (N.W.)
Rogers,	Mrs.	S.R.N., S.C.M.		Axminster
Ryall,	Miss	S.R.N., S.C.M., H.V.C.		Okehampton
Sercombe,	Miss	S.R.N., S.C.M., H.V.C.		Salcombe
Simpson,	Miss	S.R.N., S.C.M., H.V.C.		Teignmouth
Smith,	Miss	S.R.N., S.C.M., H.V.C.		Newton Abbot
Sparks,	Mrs.	S.R.N., S.C.M., H.V.C.		Tiverton
Stone,	Miss	S.R.N., S.C.M., H.V.C.		Tavistock
Thain,	Miss	S.R.N., S.C.M., H.V.C.		Ashburton
Wallace,	Miss	S.R.N., S.C.M., H.V.C.		Torquay
Walters,	Miss E.	S.R.N., S.C.M., H.V.C.	Res'd. 30.9.52.	Paignton
Walters,	Miss M.	S.R.N., S.C.M.		Moretonhampstead
Walters,	Miss O.	S.R.N., S.C.M., H.V.C.		Totnes
West,	Miss	S.R.N., S.C.M., H.V.C.	Res'd. 16.2.52.	Kingsbridge
Whittle,	Miss	S.R.N., S.C.M., H.V.C.	Res'd. 31.1.52.	Broadclyst
Willis,	Mrs.	S.R.N., S.C.M., H.V.C.	Appt'd. 1.7.52.	Torquay

## MEDICAL OFFICERS OF HEALTH.

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### \*Boroughs and Urban Districts.

- |     |                 |    |  |
|-----|-----------------|----|--|
| 1.  | Ashburton       | .. | H. M. Davies, Rural District Council Offices,<br>Newton Abbot. |
| 2.  | Axminster       | .. | D. Steele-Perkins, Perhams, Langford Road,<br>Honiton.         |
| 3.  | *Barnstaple     | .. | F. J. H. Martin, The Castle, Barnstaple.                       |
| 4.  | *Bideford       | .. | E. Pearson, Strand House, Bideford.                            |
| 5.  | Brixham         | .. | A. Dick, Public Health Department, Town Hall,<br>Brixham.      |
| 6.  | Buckfastleigh   | .. | S. R. Williams, Toll Marsh, Buckfastleigh.                     |
| 7.  | B. Salterton    | .. | L. G. Anderson, Council Offices, Exmouth.                      |
| 8.  | Crediton        | .. | N. F. Sawers, U.D.C. Offices, Crediton.                        |
| 9.  | *Dartmouth      | .. | A. Dick, Municipal Offices, Oldway, Paignton.                  |
| 10. | Dawlish         | .. | H. M. Davies, Rural District Council Offices,<br>Newton Abbot. |
| 11. | Exmouth         | .. | L. G. Anderson, Council Offices, Exmouth.                      |
| 12. | Holsworthy      | .. | S. Craddock, Council Offices, Holsworthy.                      |
| 13. | *Honiton        | .. | D. Steele-Perkins, Perhams, Langford Road,<br>Honiton.         |
| 14. | Ilfracombe      | .. | W. B. Boone, Town Hall, Wilder Road, Ilfracombe.               |
| 15. | Kingsbridge     | .. | W. C. Smales, The Manor House, Kingsbridge.                    |
| 16. | Lynton          | .. | M. P. Nightingale, Kneesworth, Lynton.                         |
| 17. | Newton Abbot    | .. | H. M. Davies, Rural District Council Offices,<br>Newton Abbot. |
| 18. | Northam         | .. | C. J. Carey, Lenards Cottage, Lenards Road,<br>Northam.        |
| 19. | *Okehampton     | .. | F. D. Allen-Price, Council Offices, Okehampton.                |
| 20. | Ottery St. Mary |    | F. N. Sidebotham, Town Hall, Ottery St. Mary.                  |
| 21. | Paignton        | .. | A. Dick, Municipal Offices, Oldway, Paignton.                  |
| 22. | Salcombe        | .. | W. C. Smales, Council Offices, Plympton.                       |
| 23. | Seaton          | .. | D. Steele-Perkins, Perhams, Langford Road,<br>Honiton.         |
| 24. | Sidmouth        | .. | E. L. Perry, Council Offices, Sidmouth.                        |

**\*Boroughs and Urban Districts.—cont.**

- 25. \*South Molton .. F. J. H. Martin, Council Offices, South Molton.
- 26. Tavistock .. E. D. Allen-Price, Drake Road, Tavistock.
- 27. Teignmouth .. F. S. L. Piggott, Teignrovd, Teignmouth.
- 28. \*Tiverton .. G. Nicholson, 11 St. Peter Street, Tiverton.
- 29. \*Gt. Torrington .. C. F. R. Briggs, Glen Tor, Torrington.
- 30. \*Torquay .. J. V. A. Simpson, Town Hall, Torquay.
- 31. \*Totnes .. Elizabeth Davies, The Manor House, Totnes.  
\* Borough.

**Rural Districts.**

- 1. Axminster .. D. Steele-Perkins, Perhams, Langford Road, Honiton.
- 2. Barnstaple .. F. J. H. Martin, The Red House, Castle Street, Barnstaple.
- 3. Bideford .. N. B. Betts, Cleverdon House, Bradworthy.
- 4. Broadwoodwidge .. E. D. Allen-Price, Drake Road, Tavistock.
- 5. Crediton .. L. N. Jackson, R.D.C. Offices, Crediton.
- 6. Holsworthy .. C. W. Evans, Rural District Council Offices, Holsworthy.
- 7. Honiton .. D. Steele-Perkins, Perhams, Langford Road, Honiton.
- 8. Kingsbridge .. W. C. Smales, The Manor House, Kingsbridge.
- 9. Newton Abbot .. H. M. Davies, Rural District Council Offices, Newton Abbot.
- 10. Okehampton .. E. D. Allen-Price, Council Offices, Okehampton.
- 11. Plympton St. Mary .. W. C. Smales, Council Offices, Plympton.
- 12. South Molton .. F. J. H. Martin, Rural District Council Offices, South Molton.
- 13. St. Thomas .. L. G. Anderson, 26 Southernhay East, Exeter.
- 14. Tavistock .. E. D. Allen-Price, Drake Road, Tavistock.
- 15. Tiverton .. G. Nicholson, 11 St. Peter Street, Tiverton.
- 16. Torrington .. E. H. Walker, Hillside, Torrington.
- 17. Totnes .. S. C. Jellicoe, Rural District Council Offices, Higher Plymouth Road, Totnes.



## MINISTRY OF HEALTH CIRCULAR 29/52.

SPECIAL SURVEY OF THE LOCAL HEALTH SERVICES  
IN THE ADMINISTRATIVE COUNTY OF DEVON UNDER  
THE NATIONAL HEALTH SERVICE ACTS.

### GENERAL.

#### 1. ADMINISTRATION.

The County Health Committee is authorized to exercise on behalf of the County Council all powers and duties imposed by the National Health Service Act, 1946. The Health Committee have delegated some of their powers to four Sub-Committees to control the main services, viz: Ambulance Sub-Committee; Mental Health Sub-Committee; Nursing Sub-Committee and the Appointments and General Purposes Sub-Committee. The first two Sub-Committees deal with the matters referred to by their title in connection with the Local Health Authority's responsibilities under Sections 27 and 51 of the Act; The Nursing Sub-Committee is concerned with the functions of the Authority under Sections 22, 23, 24, 25 and 29; the Appointments and General Purposes Sub-Committee deals with general administration and staffing matters, and any other functions not delegated to the other three Sub-Committees.

The services are administered centrally by the County Medical Officer, who is assisted by a Deputy, and Senior Medical Officers, for Maternity and Child Welfare, and Mental Health. In addition the following senior officers work from headquarters in Exeter—the County Dental Officer, County Ambulance Officer, County Superintendent of Nursing and Supervisor of Midwives, Home Help Organiser, and the Head Occupational Therapist.

The main part of the clerical staff is also centred at 45, St. David's Hill, Exeter, and the staff at this address is split-up into the following Sections: Ambulance; Finance and Accounts; Vaccination, Immunisation and Infectious Diseases; Maternity and Child Welfare, including the Midwifery Section; and a General Health Section dealing with administrative matters and items generally which cannot be segregated under the parts of the Act which are not covered by the preceding Sections. In view of shortage of accommodation the Mental Health Section is in a separate building at Felixwell, St. Thomas. There is a Clerk in charge of each of the Sections, who is responsible to the Chief Clerk. At Torquay, in view of the number of clinics held, there is a small office with two Clerks who are responsible to the Assistant County Medical Officer. As the four Chest Physicians carry out duties for the Local Health

Authority under Section 28 of the National Health Service Act, the County Council refunds a proportion of their salaries and expenses. Similar arrangements apply in respect of the clerical staffs of these officers.

All matters of policy are dealt with in the main Department. There is no scheme of decentralisation as such.

When the National Health Service Act, 1946, came into operation the County was divided into ten areas and an area sub-committee was set up in each area. This scheme is intended to tie up with that for the appointment of Medical Officers of Health under the Local Government Act, 1933. As an economy measure the County Council decided in 1950 to suspend the operations of the Area Health Sub-Committees.

These committees comprised :—

- (i) three members of the County Council appointed as representing electoral divisions in the area;
- (ii) five persons having experience in matters relating to Health Services appointed by the County Council, not being at date of appointment members of the County Council, of whom two were women;
- (iii) members nominated by the constituent District Councils in each area;
- (iv) the total number of each Area Committee including (i), (ii) and (iii) varied between 15 and 18 members, and at no time did the membership constitute a majority of numbers nominated by the District Councils.

The functions of each Area Sub-Committee are advisory in matters relating to the County Health Services and the Clerk of the County Council is the Clerk of every Area Sub-Committee.

Joint arrangements have been made with adjoining Local Health Authorities from time to time where there have been mutual advantages and economies, such as district nursing on the County boundary, and attendance at Clinics in Exeter County Borough by county patients.

Close liaison exist with the Medical Officers of Health of the neighbouring Local Health Authorities.



## 2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

The co-ordination between the Local Health Services and the General Practitioner has been built up into an efficient and smooth-running chain, in which each link has become stronger and closer. An attempt has been made to obtain information from hospitals with regard to patients' condition on discharge, in order that arrangements may be made for the further care of the patient at home, insofar as such may be the duty of the Local Health Authority under Part III of the National Health Service Act. This has been agreed by many hospitals, but not by all. An undertaking has been given to the Local Medical Practitioners that patients discharged from hospital will not be followed up by the Health Visitors, except at the direct request of the Medical Practitioners concerned. General Medical Practitioners contact the officers of the Local Health Authority, such as the Assistant County Medical Officers, Health Visitors, Midwives and Nurses, to ensure that every facility is available for those who are being treated and cared for at home. Reports from the Local Authority, on home and social conditions, are supplied to Hospitals on request.

The County Medical Officer is represented on Local Medical Committees of the Executive Council, and thus problems mutually affecting the General Practitioner Services and the Local Health Authority can be discussed and mutually agreed policies formulated. In similar manner the County Medical Officer is a member of the Area Maternity and Geriatric Sub-Committees, thereby ensuring the closest possible collaboration on policy between Consultants, Hospital Management Committees, the General Practitioners and the Health Authorities in the care of Expectant Mothers and the Aged.

General Practitioners and the public are kept informed, by means of direct circulars and articles in the press, of the services available and the ways in which they can be obtained. In respect of applications for maternity beds on social and environmental grounds, a report on the home conditions is made by the District Nurse/Midwife, and where admission on medical grounds is sought, the application is considered by one of the Departmental Medical Officers and a decision made in consultation with the General Practitioner Obstetrician. Arrangements for accommodation in Maternity Homes are made in the County Medical Department on an agency basis for the Regional Hospital Board.

The District Nurse/Midwives also attend at the General Practitioner Obstetrician's surgery when ante-natal clinics are being

held, and also pay ancillary visits to expectant mothers booked for hospital when such is the wish of the General Practitioner Obstetrician.

There also exist an ever increasing liaison between the Senior Medical Officer for Maternity and Child Welfare of the Health Department and the Consultant staffs of the hospitals, so that policies are closely co-ordinated.

### **3. JOINT USE OF STAFF.**

No arrangements exist for the Local Health Authority's staff to work in hospitals, nor do consultants attend the Local Health Authority's clinics, except that Chest Physicians are used jointly by the Regional Hospital Board and the Local Health Authority. In this connection, each of the four Chest Physicians in the County have the services of a Health Visitor to assist them in their work.

There are insufficient Assistant County Medical Officers to staff all the 75 infant welfare centres and therefore arrangements have been made for local General Practitioners to act as Medical Officers at 22 of these centres.

Efforts have been made, since as long ago as 1949, to get the Regional Hospital Board to provide the services of a Psychiatrist. Unfortunately, they have not done so, so far, and seem unlikely to do so in the measurable future.

### **4. VOLUNTARY ORGANISATIONS.**

The work of Voluntary Organisations has long been appreciated as an essential part of the Health Services in the County, particularly in the following branches of the Service.

#### **St. John Ambulance Brigade and British Red Cross Society.**

Since Devon operates its Ambulance Service under the provision of Section 27 (2) of the Act of 1946, it depends largely on the Voluntary Organisations.

This Agency system has provided and, it is sincerely hoped, will continue to provide the Ambulance Service. It is doubtful if any other method would prove as satisfactory and economical.

Of the 33 Stations, 26 are operated by St. John and five by the British Red Cross Society, while one Station (Holsworthy) is operated by a Local Committee. There is a Joint, St. John and Red Cross, Station at Honiton..

### **Hospital Car Service.**

Since July, 1951, the Hospital Car Service has undertaken to carry all sitting cases, other than maternity, mental and infectious, when ambulances are usually employed. This arrangement has very largely cut out the need to hire cars, which are now used only in exceptional circumstances.

### **Womens' Voluntary Services.**

This body is actively engaged in the running of the Home Help Service (see paragraph 12).

### **Exeter Diocesan Council for Moral Welfare Work.**

A grant is made by the Local Authority to this Council for the care of the unmarried mother and her child. All unmarried, expectant mothers needing special advice and care are referred to the Diocesan Council, who arrange for their local Moral Welfare Workers to visit and ensure that all necessary help is given to the expectant mothers, a number of whom are admitted to Mother and Baby Homes, in which case the Local Authority accepts financial responsibility for a proportion of the cost.

### **Exeter and District Women's Welfare Association.**

This Association is responsible for family planning, and advising mothers who are in need of birth control advice on medical grounds. To further this work, the Local Authority makes a grant, and in addition provides the services of a medical officer at the main clinic, which is held weekly. Health Visitors also do follow-up visits to these patients. In addition to the main Clinic in Exeter, there are subsidiary Clinics at Barnstaple and Dartington (near Totnes).

### **Devon and Exeter Association for Mental Health.**

This Voluntary Body has been responsible for the running of two small clubs for mentally defective women and children in North Devon.

## **PARTICULAR SERVICES.**

### **5. CARE OF EXPECTANT AND NURSING MOTHERS, AND CHILDREN UNDER SCHOOL AGE.**

#### **Expectant and Nursing Mothers.**

The facilities available for expectant and nursing mothers include the services of midwives, ante-natal clinics, at which Health Visitors assist, and in addition, as stated in paragraph 2, midwives

attend at General Practitioners' Ante-Natal Clinics when this is desired.

As very nearly 100% of expectant mothers attend either their General Practitioner Obstetrician or a hospital Ante-Natal Clinic for advice, there is no longer any demand for a Local Health Authority Medical Ante-Natal Clinic. It has however been found, in the more populous areas, that there is a continued call for Midwife-Health Visitor Ante-Natal Clinics in which teaching in parentcraft by means of talks and group discussions can be carried out, and also in some instances classes in relaxation are undertaken. This service appears to be much appreciated and the number of such clinics has now increased to 10.

The Local Authority has agreed to supply venules for blood testing of expectant mothers. Mothercraft training is carried out by the Health Visitor by direct home visiting, and talks at Welfare Centres. The care of unmarried mothers has been dealt with in paragraph 4.

Maternity Outfits, on the scale recommended by the Ministry of Health, are provided in all domiciliary confinements.

### **Child Welfare.**

There are 75 Welfare Centres in the County, staffed by Medical Officers and Health Visitors, with the assistance of Voluntary Workers. These are run on the lines laid down by the Ministry.

### **Care of Premature Infants.**

The care of these babies is recognised as one of the priority duties of the nursing and Health Visiting staff. Infants in need of hospital care are admitted through the General Practitioners. In view of the long distances to the premature baby units, special ambulance facilities are being provided to ensure that the premature baby is conveyed swiftly and safely to the hospital. This ambulance is being fitted with the equipment necessary for the specialised nursing techniques of the premature infant as, in some instances, journeys may take over two hours. A midwife travels with the infant in all cases.

Where premature infants are born and nursed at home the Health Visitor and Midwife meet and arrange for a smooth take-over of the supervision of the child, while in the case of hospital nursed infants there is an increasing call from the hospitals for home visiting prior to discharge, and the in-patient period is being modified according to the standard of home care possible and likely.

All premature babies are the subject of extra visiting from the Health Visitors and are also specially reported on to the County Medical Officer at intervals throughout the first year, so that detailed records may be maintained regarding the overall progress of the premature infants in the County.

Some midwives are receiving a short course in the care of the premature infant. It is contemplated that the full three months' course may be undertaken when finances permit, thus eventually a proportion of the County Midwives will have received training, so that in each group there will be a midwife especially trained and interested in this work.

### **Supply of Dried Milks, etc.**

Arrangements are made with the Ministry of Food for the distribution of foods available under the Government Welfare Foods Service, and in addition other brands of dried milk and nutrients are supplied at special reduced rates under the direction of the Medical Officer in charge of the Centre.

### **Dental Care.**

Experience in the provision of dental care for expectant and nursing mothers and young children, under Section 22 of the National Health Service Act, has been somewhat variable. There have been fluctuations in the numerical strength of the County dental staff and a number of changes in the personnel both of the whole-time and part-time officers. There have, in addition been certain alterations in the administration of the general dental service, namely variations in the remuneration of general practitioners and the imposition of charges for dental treatment. The classes of patient, for whom the Health Committee has a statutory obligation to make provision, have been exempt from these latter charges with the exception of those in connection with the provision of artificial dentures, which were first imposed in May, 1951. All these factors have some bearing on the numbers of women who have sought dental treatment under the County Scheme. The figures have shown a marked increase in 1952 and this no doubt, is to some extent, due to the improvement in the staffing position and also to the fact that the local authority dental service is now the only agency whereby expectant and nursing mothers can be provided with dental treatment involving the fitting of artificial dentures entirely free of charge. There has also been a steady increase in the numbers of pre-school children receiving dental care. This should increase still further when the staffing position becomes stabilised.



In the year 1952 whole-time dental officers were appointed to replace the part-time practitioners in the clinics covering the following areas, Exmouth, Kingsbridge, and Barnstaple (Urban). Altogether five new whole-time dental officers were appointed during the year and two were lost; one by retirement on reaching the age of 60 and the other by transfer to another Local Authority nearer to the metropolis. Two part-time officers were retained, one in Tiverton Clinic and one at Castle Road Clinic, Torquay. A new dental clinic was opened at Totnes in December and plans for the building of a clinic at Bideford were well advanced. Health Visitors, District Nurses and Medical Officers in charge of Welfare Centres and Ante-Natal Clinics have been kept well informed of the dental services available under the County Scheme by the periodic issue of circulars and it has been made clear that the general dental services are still available to expectant and nursing mothers and young children without charge in so far as dental examination and treatment, not involving the provision of artificial dentures, is concerned.

The Dental Officers at the following clinics provide treatment for the \**“priority classes”*: Barnstaple, Crediton, Dartmouth, Exmouth, Ilfracombe, Kingsbridge, Newton Abbot, Paignton, Plymstock, South Molton, Tiverton, Torquay and Totnes. When for geographical reasons patients cannot be seen at these centres they are referred to a general practitioner of their own choice for treatment. Clinics are still urgently needed in Bideford, Honiton (or Axminster), Tavistock, Okehampton, and Holsworthy. The projected clinic at Bideford which will be within the grounds of the new Junior School may be looked upon as a prototype of others to follow when building programmes and other factors permit.

The Dental Officers are in close touch with Ante Natal and Child Welfare Centres, a number of which are on the same premises as the Dental Clinics and also with the remaining children's nurseries. They pay visits of propaganda and dental inspections to these institutions from time to time. In one instance a mother was referred to the Consultant Dental Surgeons at the Royal Devon and Exeter Hospital for the surgical treatment of a dental cyst involving the upper maxillary sinus.

- \* These as far as the Health Committee are concerned include expectant mothers, mothers who have given birth to a child during the preceding 12 months and young children under 5 years of age not in attendance at a maintained primary school.

### **Other provision.**

Where demand is sufficient, free transport is provided to convey mothers and their children from outlying rural areas to the nearest Welfare Centre.

## **6. DOMICILIARY MIDWIFERY.**

There are 153 fully qualified midwives in the County, of whom 106 are State Registered Nurses doing combined work, under the supervision of a Medical Supervisor, County Nursing Superintendent, Deputy and two Assistant Superintendents. Decentralisation is carried out by means of 20 County Staff Sisters who are each responsible for an area containing eight midwives.

The Superintendents also supervise all midwives registered in the County, including those in private practice, Nursing Homes and Hospitals.

Every midwife employed by the County Council is qualified to give gas and air analgesia and has the necessary apparatus.

Ante-natal supervision is a duty of all Devon County Council midwives and there are 10 Ante-natal Clinics held by midwives in County premises, in addition to many clinics held in nurses' houses, while a great number of midwives attend General Practitioners' Ante-natal Clinics held at the doctors' surgeries. The Midwife carries out ante-natal examinations at monthly intervals up to the 7th month, fortnightly during the 8th month, and weekly in the 9th month, either at clinics or in the patients' home.

Co-operation between midwives and General Practitioners has reached a very high level, but there is scope for further improvement until every expectant mother is under the ante-natal care of both doctor and midwife. All General Practitioners are notified of the name, address and telephone number of the midwives in their districts, and notified of any changes, so that direct contact is maintained. Likewise all hospitals are supplied with similar lists and can contact midwives direct.

The vetting of homes where application is made for hospital confinement is undertaken by the midwives and on the whole works very satisfactorily.

As many midwives as can be spared attend Post-Graduate Courses and on an average some 16 midwives attend these Courses

each year. Some of these post-graduate courses are on the special care of the Premature Infant.

Pupil midwives receive Part II training at the County approved Home, Thurlow House, Torquay, eight being trained in 1952.

## **7. HEALTH VISITING.**

The Health Visiting service in the County is conducted on the lines laid down in the pamphlet "Duties of the Health Visitor in the National Health Service" issued by the Women Public Health Officers' Association. There is an establishment of 44 Health Visitors in the County and this is not really considered adequate to cover the many duties expected from Health Visitors, in addition to the original work of visiting mothers and young children.

More and more demands are being made on the Health Visitor, is now concerned with the care and social problems of the family who as a whole, and not merely with the "under fives." Hospitals and General Practitioners are making much more use of the Health Visitors, by referring to the County Medical Officer cases ranging from neglected children to requests for general advice to be given on the many intimate problems of social and family life.

All Health Visitors in the County possess the Health Visitors' Certificate and the County Council have, in addition, agreed to train two student Health Visitors per year.

Health Visitors also attend refresher courses every five years.

## **8. HOME NURSING.**

Of the 153 nurses employed on combined duties as District Nurse-Midwives 106 are S.R.N. and in addition there are 12 S.R.N's doing general nursing whole time.

The administration and control is as set out in paragraph 6 (Midwifery) and the same liaison between hospitals, General Practitioners and nurses is maintained.

When patients are discharged from hospital and the nurse is requested to attend by the hospital concerned, the nurse pays the first visit and then continues to visit only under the direction of the General Practitioner. A number of hospitals encourage nurses to visit them, especially those institutions where diabetic and other specialised wards exist, and in turn District Nurses take out Hospital student nurses for a day on the district.



The main types of cases occurring and work done on the district are as follows: (a) *Old people* and their accompanying illnesses such as Bronchitis, Supra Pubic Cystotomy, Rheumatoid Arthritis and Hemiplegia and Paraplegia; (b) *Injections* such as Streptomycin (for T.B. patients) and also injections such as Penicillin, Insulin and Anahaemin; (c) *Dressing* of such conditions as Ulcerated Legs, Carbuncles etc.; (d) *Douches* and Pessary Changing; (e) *Carcinomas*

The problem of caring for the aged is at times extremely difficult, because there comes a time when they are beyond domiciliary care, and many of them then fall into a category where neither the Hospital nor the Welfare Authority appear to be the responsible body.

There is no specialised night service, but all nurses are willing and in fact do attend late at night for administration of drugs such as morphia, etc.

Refresher courses are attended by a percentage of nurses each year and a number of student district nurses receive Queen's training. There is, in addition, a revision course for S.E.A.N./Midwives at Thurlow House (Part II Training Home), Torquay. This course, which is of two weeks duration, deals with practical nursing and includes discussions and lectures on the duties and work of district nurses, and is proving extremely helpful in bringing the work of these S.E.A.N./Midwives up to date.

## 9. VACCINATION AND IMMUNISATION.

### (i) Extent to which organised effort is sustained to secure the vaccination and immunisation of the child population.

(a) *Children under 12 months.* All registered midwives in the county are asked to stress the importance of vaccination and immunisation to the parents of newly born babies before leaving the case.

The Health Visitor during her first subsequent visits also ensures that parents are aware of the necessity for vaccination and immunisation and the means by which these protective measures can be obtained.

When she visits the baby at the age of three months, if vaccination has not already been carried out, she supplies the parent with a propaganda leaflet which in addition to providing information in general terms gives details of the local facilities for vaccination. The Health Visitor follows up the case at regular intervals.

Similarly with diphtheria immunisation, during the child's eighth month the Health Visitor calls, explains the procedure and leaves with the parent the appropriate propaganda pamphlet. Each three months thereafter the Health Visitor calls at the home for the purpose, inter alia, of checking the immunisation history. If immunisation has not been completed by the time child has reached 2 years of age the facts are reported to the County Medical Officer and the family doctor is informed.

Posters stressing the importance of vaccination and immunisation are displayed in the ante-natal, infant welfare centres and school clinics throughout the county, and district Medical Officers of Health co-operate by displaying posters on diphtheria immunisation at suitable points in their districts.

Assistant County Medical Officers and General Practitioners are kept informed of the vaccination and immunisation state of the district and encouraged by letter to endeavour to improve that state.

Assistant County Medical Officers on their visits to school keep the school teachers informed of the importance of immunisation in order that they in turn may pass on the information to parents when they have the opportunity. Assistant County Medical Officers also in their talks to parents at school medical inspections and at Parent-Teacher's Association meetings make a point of stressing the necessity for immunisation.

(b) *Children of school age.* At the first statutory Medical inspection of the child at school (usually at age of 5 years) the Assistant County Medical Officer and School Nurse enquire into the immunisation history of the child. If the child has not been immunised, every endeavour is made to get this done. In many instances the omission is the result of forgetfulness on the part of the parents. In cases where active objection exists the Assistant County Medical Officer does his best to enlighten the parents and to obtain their consent for immunisation.

**(ii) The facilities which exist in the county for vaccination and primary immunisation are as follows :—**

(i) *By the family doctor.* Parents are informed that they may if they so desire obtain vaccination and/or immunisation by the family doctor at the surgeries or homes, free of charge. The appropriate fees are paid by the Local Health Authority to the doctor for this work.

(ii) *By the Assistant County Medical Officers.* At 75 Welfare Centres and 50 School Clinics vaccination and immunisation are carried out by the Assistant County Medical Officers.

(iii) *Arrangements for the giving of "boosting" injections of diphtheria prophylactic.*

When children come up for the statutory medical examination at school at the ages of 5 years and 10 years, the immunisation history is again checked, the importance of boosting injections is stressed to the parents and their consent obtained for the necessary injection.

The Assistant County Medical Officers visit the schools twice each year and at the end of the medical inspection session children due for boosting doses, and for which the parents have consented, are given the appropriate dose of prophylactic. In general A.P.T. is used for the 5 year old group and T.A.F. for all over that age.

(iv) *Supply of prophylactics.*

Stocks of A.P.T. in phials of 0.5 c.c.'s or rubber capped bottles of 5 c.c., and T.A.F. in bottles of 10 c.c. are held at the Public Health Laboratory, 7, Dix's Field, Exeter, and may be obtained free on request by the general practitioners and Assistant County Medical Officers in the County.

(v) *Arrangements for immunisation against whooping cough.*

No arrangements have been made by the Local Health Authority for the giving of whooping cough immunisation. The Local Health Authority is still awaiting the findings of the Medical Research Council relative to the efficiency or otherwise of the present vaccines, and the approval of the Ministry of Health for the free distribution of the vaccine.

In cases where parents are desirous of having their children immunised against whooping cough they are referred to their own doctors who will, if they consider necessary, give the immunisations.

## **10. AMBULANCE SERVICE.**

(a) **General Statement of work done in 1952.**

(i) If the ambulance arrangements for the Royal Agricultural Show in July, and for the Lynmouth Flood Disaster (August) are excepted, there have been no special features in the ambulance work of 1952, to distinguish it from former years under the Health Act.

The work in the Section has continued to be :—

- (a) the arrangement of out-of-County journeys ;
- (b) the scrutiny and analysing of accounts presented by the Voluntary Organisations (and in this respect, the County operates entirely under the provisions of Section 27 (2) of the Act) : the preparation of statistics and estimates ;
- (c) the checking of misuse of the Service ;
- (d) the development of the Ambulance Section of the Civil Defence Corps, and
- (e) above all, the maintenance of friendly and co-operative relations with the operative personnel of the Voluntary Organisations.

It can be said, without complacency, that the general set-up besides being operationally effective is working smoothly—a contention borne out by the absence of any serious complaints from the Hospitals, General Practitioners, or, equally important, the general public.

The organisation differs little from that adopted in 1948. Civil Defence has introduced some new problems and difficulties but it has in no way affected the day to day work of the Service.

(ii) The Royal Show —Arrangements were made to provide two ambulances at the Royal Show in July, and these were stationed on the actual ground. Some little confusion was caused at the outset due to the Authorities in charge not knowing that the provision of an ambulance was the concern of the Local Authority, whereas First Aid personnel were provided by the Voluntary Organisations. In practice, however there was no difficulty in reconciling these two duties.

A new kind of Utilecon ambulance was used at the show for the first time and proved effective.

No charge was made against the Show Authorities for the provision of these ambulances.

Between 400 and 500 casualties were treated.

(iii) The Lynmouth Disaster.—The disaster presented no ambulance problem of any significance ; the number of injured requiring medical transport was negligible and the local arrangements proved adequate.

We were again confronted with the anomaly whereby ambulance transport is the duty of the Local Authority, while the provision of First Aid is left to the Voluntary Organisations. Nevertheless, an old ambulance was fitted with shelves and first aid stores were driven into Lynmouth. It proved most effective. It remained at the scene of the work for a month and during that time dealt with about 400 cases of minor injuries to the workmen.

**(b) The trend, in 1952, compared with previous years.**

(iv) Mileage Trend.—The principal causes of the sharp increase in the number of patients in the years immediately following the introduction of the Act were probably :—

- (a) The fact that medical treatment was “ free ” to the patient; more people made use of their Doctor with a consequence that more disease—principally cancer, were discovered. This flood has, to a large extent subsided.
- (b) The feeling among some people that they ought to get their money’s worth from the National Insurance. The introduction of the shilling prescription has quite definitely reduced this number.
- (c) The ease with which medical transport could be obtained.
- (d) The greater concentration of cases on Hospitals and the increase in the number of “ Specialists ” in a large number of subjects; the scarcity of some “ Specialists,” e.g. the need to send all premature babies (repeatedly) to Bristol; the scarcity of deep X-ray apparatus.

These factors would seem to have become more or less stabilised and the combined effect has been for the number of patients (and hence the calls on medical transport) to decline, and this reduction has been enhanced by organisational adjustments and improvements e.g. the introduction of shuttle services in some areas.

As might be expected the number of patients carried by



ambulance varies with the time of year—July, during the holiday rush being the peak month in Devon.

Thus in future (and in the absence of any severe epidemic) one may expect the average ambulance mileage for each year to be more or less constant; it is unfortunate that the same cannot be said about costs.

(v) **Financial Trend.**—The general tendency for everything to cost more and more—a trend over which the Local Health Authority has no control—is having a perceptible effect on the “Voluntary Spirit” on which this Authority so largely depends. The people who are prepared to give their services for nothing—or very little—are becoming fewer, and although the Voluntary Organisations are maintaining their strength, the time may come when it will be necessary to employ more paid personnel to run the Service.

The same tendency is becoming apparent in the Hospital Car Service; many of the drivers now regard the mileage payments as a source of income; many “retired gentlemen” heretofore content to live on their pensions and to give the use of their cars and services on a cost defrayed basis can no longer afford to do so, and are seeking profitable work.

Nevertheless, there has been no falling off in the number of drivers, still over 350. (Indeed in some of the larger towns there exists a waiting list, but with the ever increasing cost of running a car, it is impossible to foretell the future.)

It is clear that the mileage rate payable to drivers must be constantly watched if it is to remain equitable.

**(c) Arrangements in force with the Hospitals and General Practitioners to ensure proper and economical use of the Service.**

(vi) Although, in theory, the Local Health Authority has the right to determine the need for any journey, in practice the decision must largely be left to the Doctors and Hospitals.

It follows, therefore, that the best way to obtain the proper use of ambulances and cars is by obtaining the good-will of those who authorise their use.

In general, it may be said that the policy has been successful in that, within the County, there is excellent co-operation in this respect.

Ambulance and car personnel are encouraged to report cases of apparent misuse to the County Ambulance Office where immediate action is taken to investigate them.

Experience shows that admonitory circulars are quite useless.

(vii) Unfortunately the same degree of co-operation does not always exist between the Hospitals within the County Boroughs and the County, due perhaps to the differing methods employed by the various Health Authorities using those Hospitals. Indeed—in the case of the Plymouth Hospitals—there are three Health Authorities regularly using the same Out-Patient's Departments, and each Authority can (and possibly does) differ slightly in their conception of the definition of "need" for a journey.

However desirable, in some respects, it may be to include loose phraseology (such as "where necessary" in Section 27) its varied interpretation is bound to cause difficulties in operation.

**(d) Abuses observed and difficulties encountered.**

(viii) Abuses.—The amount of abuse—intentional misuse—of the Ambulance Service is negligible. Nevertheless there is one trend where increasing use, doubtfully justified in all cases, is being made of the Service.

During the summer month's the population of the County, due to the influx of visitors, is materially enlarged, and it would seem from the corresponding increase in the number of out-of-County journeys that the Hospital accommodation is overstrained.

This shortage of Hospital beds (and perhaps Staff) has three distinct effects on the Service, due to :—

- (a) People taken ill or who are injured and after initial treatment, being sent home by ambulance to distant parts of the Country. Presumably had adequate Hospital accommodation been available they could have been cured in Devon.
- (b) The rushing of patients to distant specialist Hospitals to fill vacant beds (frequently at very short notice).
- (c) Long distance journeys, three or more times a week, for repetitive treatment. On many occasions it would be much cheaper to accommodate the patient in a Hotel near the Hospital during the period of treatment.

(There is also the point of the Ambulance being continuously away from its Station).

This increasing trend—with examples of journeys—has been represented to the South Western Regional Hospital Board.

(ix) Difficulties encountered.—The Minister must be fully aware of the manifold administrative difficulties occasioned by the introduction of Section 24 of the Amendent Act. These difficulties are enhanced where a County such as Devon is forced to use the Hospitals within County Borough boundaries.

When it is realised that some 10% of the whole cost of the Ambulance Service in Devon is paid to other Health Authorities for journeys undertaken on the County's behalf—journeys which could undoubtedly be undertaken more cheaply by the County—it is apparent that some modification to the Act should be introduced.

Moreover the paying Authority is denied, by the Act, its right to criticise both the need for a particular journey and the type of conveyance employed.

Apart from this inequity, the administrative time involved in closely scrutinising some hundreds of journeys a month—lest an improper charge be made or the opportunity of making a proper one missed—is clearly a waste of time and money.

(x) It is unnecessary to enlarge on the obvious anomalies that have been introduced by the abolition of a Standard inter-Authority charge ; the County Boroughs (including the County of London) benefiting at the expense of the Counties.

#### **(e) New Types of Equipment brought into the Service.**

(xi) Premature Baby Ambulance.—One of the older ambulances is in the process of being fitted for the sole use of transporting premature babies (and their mothers) from places in Devon to the Southmead Hospital in Bristol.

The special equipment with which this vehicle is fitted includes :

- (a) a specially slung cot, fitted with an oxygen appliance ;
- (b) extra heating apparatus for maintaining the internal temperature ;
- (c) a run-away basin with water-tank and small rotary pump.



It is hoped that the vehicle will be in operation early in the new year.

(xii) Experiments are being made with a new type of tubular (collapsible) carrying chair, recently marketed. If these tests are successful it may be introduced as standard equipment in County Ambulances.

## 11. PREVENTION, CARE AND AFTER-CARE.

### Prevention of Tuberculosis.

In the case of members of a family suffering from pulmonary tuberculosis and who are being treated at home every endeavour is made to facilitate the necessary segregation of the patients at their home.

(a) On the recommendation of the Chest Physicians, shelters are issued on loan for erection in the premises in which the case resides.

(b) The housing conditions in every case are investigated by the Health Visitor and where these are unsatisfactory the necessary information is passed on to the Medical Officer of Health of the appropriate Housing Authority, where every effort is made to obtain a high degree of priority for the patient and his family on the rehousing list. The district council are, in general, anxious to help these families, bearing in mind that the adequate segregation of these infectious cases is a major step in the control and prevention of pulmonary tuberculosis.

(c) In instances in which a Teacher or a Pupil at School is found to be suffering from Pulmonary Tuberculosis the present routine is to patch test all children and to X-ray all those showing a positive reaction. When practical, a further X-ray is taken of the positive tuberculin reaction after a further three months.

(d) Full use is made of the Mass Radiography service on their visits to the districts, and teachers and senior children of 12 years or over are passed through the unit. In one large parish, house to house visiting by the Health Visitors, in addition to talks to the Parish Council, display of posters in shops, cinemas and notices in the local press, resulted in a very high proportion (66%) of the general public availing themselves of the X-ray facilities.

(e) *B.C.G. Inoculation.* On the advice of the chest physicians, selected children considered suitable for B.C.G. inoculation are admitted to the Local Health Authority's children's home

at Oaklands Park, Dawlish. After the usual period of segregation, B.C.G. inoculation is given by the Chest Physician.

A scheme whereby the necessary segregation of children suitable for B.C.G. inoculation could be obtained by boarding out the children in suitable foster homes was considered, but up to the present very few suitable homes have been found willing to accept such children.

### *Care and After Care.*

#### *A. Tuberculosis.*

(i) The provision of suitable accommodation either in domiciliary shelters or by rehousing is as detailed in paragraph (i) above.

(ii) *Extra Nourishment.*—On the recommendation of the Chest Physicians, a free supply of milk to the extent of 2 pints per day for 3 months or longer is issued to domiciliary patients.

(iii) In addition to the normal surveillance carried out by the Chest Physicians, cases of tuberculosis in children are followed up by the Assistant County Medical Officers on their periodical visits to the schools and where considered necessary, supplementary foods such as maltoline, minadex, etc. issued free.

(iv) A close liaison exists between the Health Visitor of the Local Health Authorities and the Chest Physicians of the Regional Hospital Board, whereby the Health Visitors pay visits as necessary to patients treated in their own homes and pay visits every three months to domiciliary shelters to ensure that they are used and kept in a satisfactory state. A Health Visitor is attached to each of the four chest clinics and attend at each session as and when held.

Close liaison also exists between the Chest Physicians, the Local Health Authority, the Medical Officers of Health, and the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, whereby on the occurrence of cases of non-pulmonary tuberculosis, investigation into the milk supplies are carried out with a view to detecting if possible the infecting animal.

(v) *Occupational Therapy.*—The importance of maintaining the morale of patients suffering from tuberculosis is fully appreciated, and three occupational therapists are employed whole-time for the purpose of giving the necessary occupational therapy to the patients in their own homes.

Prior to April 1st, 1952, this service was carried out on an agency basis by the St. Loyes College, Exeter, and since that date has been extended to include non-tuberculosis cases.

(vi) *Follow-up Visits.*—This is being recognised as more and more important, and is taking up a greater proportion of the Health Visitors' time. In paragraph (iv) reference was made to the attendance of Health Visitors at Chest Clinics. In addition, all Health Visitors carry out follow-up visits, and submit reports on T.B. households. They have also been used to make a B.C.G. vaccination survey in the County, and to do detailed house visiting in an area where Mass Radiography of the whole population was being attempted.

### *B. Illness Generally.*

(i) Some patients discharged from hospital, needing further supervision and care, are reported by the Hospital Authorities to the County Medical Officer, to ensure that the patient is attended by a District Nurse or Health Visitor, where such is also the wish of the General Practitioner. Any deterioration in the patient's condition is reported immediately, and the General Practitioner is consulted, as well as the hospital concerned.

(ii) *Home Nursing Equipment.*—From time to time requests are received for the loan of home nursing equipment. In view of this, loan cupboards have been established at many of the district nurses private residences where items such as bed-pans, mackintosh sheeting, and air-rings are stored. Unfortunately, due to lack of storage space this system is somewhat restricted. A main depot has been set up at the County Medical Department, where larger items such as Dunlopillo Mattresses, Air-Water beds, Balkan Beams, Crutches and Walking Sticks are stored. They are sent to the patients as requested by Medical Practitioners, District Nurses, etc. Every endeavour is made to supply all the items needed, but in view of stringent economy measures by the County Council, expansion of this service is impossible at the moment.

Where items requested are not available from our own resources, endeavours are made to obtain them from the British Red Cross Society.

## **12. DOMESTIC HELP.**

In the County, the Home Help Service is divided into two parts, one section being carried out by the Women's Voluntary Services, who provide local Organisers, who administer the Service

in areas where there is sufficient demand for a local organisation. There are at present twenty such areas in the County. The Women's Voluntary Services are responsible for the day to day administration only, and all financial commitments, including the payment of the Home Help's wages, are carried out by the Local Health Authority, through the local Organiser.

In all other areas, applications for Home Help are made to District Nurses and Health Visitors, who engage a suitable person on a case basis. These officers check the hours worked by the Home Help, and forward wage claims to the County Medical Officer for payment by the County Treasurer. This form of service must continue indefinitely in the scattered rural areas.

There are no facilities for training Home Helps.

### 13. HEALTH EDUCATION.

Lectures, talks and advice are given at Clinics and Welfare Centres by Assistant County Medical Officers and Health Visitors. Lectures are also given to voluntary bodies, women's organisations, etc.

Literature and official pamphlets are distributed in connection with such matters as vaccination and immunisation, care of the aged, prevention of accidents in the home and fire precautions.

The distribution of propaganda is restricted because of the economy measures required by the County Council.

### 14. MENTAL HEALTH.

#### (i) ADMINISTRATION.

##### (a) *Committee responsible for the service.*

The Mental Health Sub-Committee consists of 12 members of the Health Committee being members of the County Council, and 3 persons nominated by the Devon and Exeter Association for Mental Health. Meetings are held quarterly and additional meetings if required.

##### (b) *Number and qualifications of staff employed in the Mental Health Service (Medical Officers and Social Workers, Duly Authorised Officers, Occupation Centre Supervisors, Home Teachers, Child Guidance Clinic staff etc.*

<i>Post.</i>	<i>Number</i>	<i>Qualifications.</i>
Medical Adviser in Mental Health ..	1	M.B., Ch.B. (Edinburgh).
Psychologist .. .. .	1	M.A. (Oxon.).
Senior Psychiatric Social Worker ..	1	Dip. Social Studies & M.H Certificate.
Senior Social Worker in Mental Deficiency .. .. .	1	
Social Workers in Child Guidance ..	1	Dip. Soc. Science.
	(Part-time)	Dip. of the School of Sociology.
Social Workers in Mental Health and Duly Authorised Officers ..	8	Dip. of Social Science (1) Dip. in Social Studies (1)
Trainee Social Worker in Mental Health. .. .. .	1	Dip. in Social Administration.
Home Teachers .. .. .	3	
Occupation Centre Supervisors ..	3	1 Certificated Teacher. 1 Board of Trade Craft Cert.
Occupation Centre Assistant Supervisors. .. .. .	3	

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees. (Joint use of Officers ; supervision of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives, etc.).*

There are no joint user arrangements as such with the Regional Hospital Board, and the Hospital Management Committees, but close co-operation continues. As formerly, the Senior Psychiatric Social Worker visits all the Mental Hospitals and Psychiatric Out-Patient Clinics for consultation with the various psychiatrists. Social Histories are supplied by the Social Workers in Mental Health for the use of the Superintendents of the various Mental Hospitals to which Devon patients are admitted, whether in or out county.

Patients leaving hospital "On trial" are kept in touch with by the Social Workers in Mental Health and reports sent to the hospitals concerned. Copies of reports of the progress of patients after leaving hospital are forwarded to the individual Medical Superintendents.

Where desirable, it is arranged for certain patients to be taken to the Psychiatric Out-Patient Clinics.

Joint usership re Mental Deficiency : The Social Workers in Mental Health supervise patients on licence in Devon from Certified Institutions in other hospital groups in the South West Region, but the Royal Western Counties Institution, Starcross, carry out their supervision by their own officers. On behalf of the Royal Western Counties Institution Hospital Group the Local



Authority visit the homes of patients whose parents have applied for holiday leave and reports are made on the home conditions. This form of co-operation between the Local Authority and the Institution Hospital Group is of mutual advantage.

(d) *Duties delegated to Voluntary Associations.*

The Devon and Exeter Association for Mental Health continued to run the Clubs for Mentally Defective women and girls at Barnstaple and Bideford, and a grant of £150 was made towards the cost. The Minister of Health gave his approval to the County Council making a grant to the Association towards the cost, but discontinued their grant after 30th September, 1952.

(e) *Whether arrangements have been initiated for the training of Mental Health Workers.*

A Trainee Social Worker in Mental Health commenced duties as such on the 1st April, 1951. He attended the University College of the South West two afternoons per week as a Part-time Student for the Diploma in Social Administration. He was successful in obtaining the Diploma on the 1st August, 1952. To complete his training he has been given about six months experience in all parts of the work of the Mental Health Section, and has carried out relief and holiday duties for Duly Authorised Officers and Social Workers in Mental Health.

(ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

*Under Section 98, National Health Service Act, 1946 : Prevention, care and after-care ; and*

*Under the Lunacy and Mental Treatments Acts, 1890-1930, by Duly Authorised Officers.*

No Worker acts only as a Duly Authorised Officer but carries out all duties in connection with community care. The Workers are known as Social Workers in Mental Health.

A considerable number of Voluntary Patients are taken to hospital by the Local Health Authority staff, all of whom have a good working relationship with the general medical practitioners. Wherever possible, the Worker who arranges the admission of a patient is the one who assists in his rehabilitation in the community after treatment.

The Senior Psychiatric Social Worker holds discussions with the other Social Workers about their cases, and in advisory cases,

all efforts are made to bring the best help to the patient. The co-operation of other Services is often sought where their help would be of assistance.

During the year, by arrangement with the Medical Superintendents of the Mental Hospitals, a greater number of cases were admitted under Sections 20 and 21 of the Lunacy Act, 1890. 134 cases were admitted under Section 20 of which 83% eventually became Voluntary Patients. In addition, 11 cases were admitted under Section 21. The number of Voluntary Patients has not greatly differed from the previous year, but more cases would have been admitted voluntarily if the beds had been available, especially on the female side. The number of cases over the age of 65 years admitted to Mental Hospitals for the first time is 72 males and 136 females. This emphasises the necessity of providing adequate provision for the aged who require special care which is not available in their own homes.

There were 2,468 After-Care visits paid during the year.

*Under the Mental Deficiency Acts, 1913-1938.*

(i) *Arrangements for ascertaining mental defectives.* Mental Defectives are ascertained by the Medical Adviser in Mental Health and the Assistant County Medical Officers who have been approved for this purpose. Cases are brought to our notice by Health Visitors, School Nurses, General Practitioners, Children's Officer, Parents and relations, Probation Officers and the County Education Department, etc.

The number of Defectives awaiting vacancies in institutions at the end of the year amounted to 45 males and 7 females, of which there were 30 boys and 5 girls under the age of 16 years.

(ii) *Guardianship.* There are 42 patients under Guardianship in the County including 8 belonging to other authorities. There were 9 new cases put under Guardianship during the year and none was discharged from the Order. The cases are visited in accordance with Section 76(1) of the Mental Deficiency Regulations, 1945 by the Medical Adviser in Mental Health at least once per annum and more often if considered necessary. They are supervised by the Social Workers in Mental Health who visit at least once every quarter. Six of these cases are in situations on licence and are doing well under supervision. There are also 4 Devon patients residing outside the County under Guardianship.

(iii) *Arrangements for carrying out the statutory duty to provide occupation and training for defectives in the area.* There are three Occupation Centres in the County, one for the Torbay area, one at Barnstaple and one at Plymstock. These cater mainly for the younger age group of defectives. There are no industrial centres for adults so far in the County, but there are one or two defectives over the age of 16 years who still attend the Occupation Centres.

Three Home Teachers operate in the County. They give instruction to defectives under Guardianship and under Statutory and Voluntary Supervision. Efforts are made to teach all those who are able to benefit in any way, and some group teaching is arranged where it is possible.

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## GENERAL STATISTICS.

### Area.

The area of the Administrative County is now 1,649,206 acres. It is divided into 31 Urban Districts and 17 Rural Districts.

### Population.

The Registrar-General's estimated mid-year population is 504,300 (including members of armed forces stationed in area).

**Rateable Value** £3,583,153.

A penny rate is expected to produce £14,750.

## VITAL STATISTICS.

### Live Births. 6,854.

Legitimate,	total 6,507 ;	males 3,396,	females 3,111
Illegitimate,	total 347 ;	males 186,	females 161

**Stillbirths,** 139

**Birth Rate.** 13.59 (14.95 Corrected), compared with a birth rate of 15.3 for England and Wales.

**Deaths.** Total 6,854 ; males 3,370, females 3,484.

**Death Rate,** 13.59 (10.33 Corrected), compared with a death rate of 11.3 for England and Wales.



TABLE I.

TABLE 1—1952

Districts.	Popu- lations. (Est. Mid. 1952 Home) †	Births. Rates per 1,000 Population.			Infant Deaths*				Maternal* Deaths.	
		No.	Crude Rate	Corr't'd Rate	Under 1 year.		Under 4 weeks.		No.	Rate
					No.	Rate	No.	Rate		
URBAN (*Boroughs)										
Ashburton .. ..	2,695	58	21.52	23.45	2	34.48	2	34.48	1	17.24
Axminster .. ..	2,667	45	16.87	17.91	—	—	—	—	—	—
*Barnstaple .. ..	16,130	266	16.49	16.33	7	26.32	6	22.56	2	7.52
*Bideford .. ..	10,170	152	14.95	16.15	3	19.74	1	6.58	—	—
Brixham .. ..	8,679	123	14.17	15.45	5	40.65	3	24.39	—	—
Buckfastleigh ..	2,557	37	14.47	17.51	1	27.03	1	27.03	—	—
Budleigh Salterton	3,719	40	10.76	12.91	—	—	—	—	—	—
Crediton .. ..	4,115	64	15.55	16.17	1	15.63	1	15.63	—	—
*Dartmouth .. ..	5,834	99	16.97	19.52	2	20.20	2	20.20	—	—
Dawlish .. ..	7,019	73	10.39	11.95	—	—	—	—	—	—
Exmouth .. ..	17,160	232	13.52	14.33	6	25.86	3	12.93	1	4.31
*Great Torrington	2,783	34	12.22	12.83	—	—	—	—	—	—
Holsworthy .. ..	1,523	16	10.50	11.03	—	—	—	—	—	—
*Honiton .. ..	4,596	49	10.66	14.49	2	40.82	2	40.82	—	—
Ilfracombe .. ..	8,729	112	12.83	14.11	2	17.86	2	17.86	1	8.93
Kingsbridge .. ..	3,086	52	16.85	17.19	1	19.23	1	19.23	—	—
Lynton .. ..	1,791	22	12.28	11.91	1	45.45	—	—	—	—
Newton Abbot ..	16,870	242	14.34	15.20	4	16.53	2	8.26	—	—
Northam .. ..	6,504	104	15.99	16.63	2	19.23	2	19.23	—	—
*Okehampton .. ..	3,879	48	12.37	12.12	1	20.83	1	20.83	1	20.83
Ottery St. Mary ..	4,008	47	11.72	12.66	4	85.11	1	21.28	—	—
Paignton .. ..	25,060	269	10.73	11.69	7	26.02	5	18.59	—	—
Salcombe .. ..	2,426	33	13.60	14.96	—	—	—	—	—	—
Seaton .. ..	2,815	27	9.59	10.27	—	—	—	—	—	—
Sidmouth .. ..	9,750	87	8.92	10.26	1	11.49	1	11.49	—	—
*South Molton ..	3,019	51	16.89	19.93	3	58.82	3	58.82	—	—
Tavistock .. ..	6,077	79	13.99	16.23	1	12.66	—	—	—	—
Teignmouth .. ..	10,460	127	12.14	13.59	6	47.24	4	31.49	—	—
*Tiverton .. ..	11,110	179	16.11	17.39	3	16.76	3	16.76	—	—
*Torquay .. ..	49,270	613	12.44	12.94	19	30.99	12	19.58	—	—
*Totnes .. ..	5,499	87	15.82	15.82	3	34.48	3	34.48	—	—
URBAN .. ..	260,000	3,467	13.33	14.26	87	25.09	61	17.59	6	1.73
RURAL.										
Axminster .. ..	11,480	147	12.80	14.21	3	20.41	3	20.41	—	—
Barnstaple .. ..	23,030	342	14.85	16.34	6	17.54	6	17.54	1	2.93
Bideford .. ..	5,290	74	13.99	15.11	1	13.51	1	13.51	—	—
Broadwoodwider ..	2,047	30	14.66	15.69	—	—	—	—	—	—
Crediton .. ..	9,909	152	15.34	17.79	4	26.32	3	19.74	—	—
Holsworthy .. ..	5,985	96	16.04	18.45	3	31.25	3	31.25	—	—
Honiton .. ..	6,855	123	17.94	20.81	—	—	—	—	—	—
Kingsbridge .. ..	11,430	177	15.49	16.88	5	28.25	4	22.59	—	—
Newton Abbot ..	25,380	308	12.14	13.35	7	22.73	5	16.23	—	—
Okehampton .. ..	12,320	162	13.15	15.65	6	37.04	3	18.52	—	—
Plympton St. Mary	31,750	419	13.19	14.11	14	33.41	13	31.03	—	—
St. Thomas .. ..	31,710	397	12.52	15.78	15	37.78	12	30.23	—	—
South Molton ..	9,141	137	14.99	17.24	7	51.09	7	51.09	—	—
Tavistock .. ..	16,050	214	13.33	14.93	5	23.36	5	23.36	—	—
Tiverton .. ..	20,680	307	14.84	16.18	8	26.06	4	13.03	—	—
Torrington .. ..	7,283	102	14.00	16.80	2	19.61	2	19.61	—	—
Totnes .. ..	13,960	200	14.33	15.91	4	20.00	3	15.00	—	—
RURAL .. ..	244,300	3,387	13.86	15.66	90	26.57	74	21.85	1	0.29
ADMINISTRATIVE COUNTY .. ..	504,300	6,854	13.59	14.95	177	25.82	135	19.69	7	1.02

† Including Members of Armed Forces stationed in Area.

\* Per 1,000 Live Births, (for comparisons, the actual numbers and not the rates should be used).

# GENERAL TABLE II, 1952.

RATES PER 1,000 POPULATION.

District.	Populations *(Estimated mid 1952 Home).	Total Deaths			Tuberculosis Deaths†		Cancer Deaths†		Heart and Circulatory Diseases Deaths†		Nephritis Deaths†		Other Diseases of Respiratory System Deaths†	
(*Borough)		No.	Crude Rate.	Corr'ct'd Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
URBAN.														
Ashburton ..	2,695	43	15.95	12.60	2	0.74	7	2.59	12	4.45	1	0.37	—	—
Axminster ..	2,667	32	11.99	10.40	—	—	7	2.62	11	4.12	1	0.37	2	0.75
*Barnstaple ..	16,130	199	12.96	10.24	5	0.31	26	1.61	96	5.95	1	0.06	2	0.12
*Bideford ..	10,170	143	14.06	11.25	1	0.09	29	2.85	64	6.29	1	0.09	—	—
Brixham ..	8,679	123	14.17	10.77	4	0.46	17	1.96	34	3.92	5	0.58	—	—
Buckfastleigh ..	2,557	30	11.73	8.56	—	—	5	1.96	10	3.91	—	—	—	—
Budleigh Salt'n ..	3,719	64	17.21	9.65	—	—	12	3.23	25	6.72	1	0.27	—	—
Crediton ..	4,115	53	12.88	10.56	—	—	7	1.70	15	3.65	3	0.72	—	—
*Dartmouth ..	5,834	97	17.62	14.80	1	0.17	23	3.94	33	5.66	3	0.51	—	—
Dawlish ..	7,019	88	12.54	8.78	—	—	16	2.28	32	4.56	2	0.28	3	0.43
Exmouth ..	17,160	276	16.08	10.45	5	0.29	48	2.79	110	6.41	2	0.12	2	0.12
*Great Torrington ..	2,783	47	16.89	13.32	—	—	7	2.52	29	10.42	—	—	1	0.36
Holsworthy ..	1,523	20	13.13	9.71	—	—	5	3.28	8	5.25	—	—	—	—
*Honiton ..	4,596	47	10.23	9.94	3	0.65	3	0.65	15	3.26	—	—	1	0.22
Ilfracombe ..	8,729	137	15.69	10.83	—	—	27	3.09	63	7.22	1	0.11	1	0.11
Kingsbridge ..	3,086	32	10.37	7.88	1	0.32	6	1.94	11	3.56	—	—	—	—
Lynton ..	1,791	42	23.45	17.82	1	0.56	4	2.79	12	6.70	—	—	—	—
Newton Abbot ..	16,870	198	11.74	9.39	6	0.36	34	2.02	79	4.68	1	0.06	1	0.06
Northam ..	6,504	92	14.14	10.46	—	—	16	2.46	44	6.77	2	0.31	1	0.15
*Okehampton ..	3,879	49	12.63	10.10	—	—	12	3.09	14	3.61	1	0.26	1	0.26
Ottery St. Mary ..	4,008	49	12.23	9.17	—	—	9	2.25	18	4.49	1	0.25	—	—
Paignton ..	25,060	404	16.12	10.32	5	0.19	73	2.19	168	6.70	5	0.19	2	0.08
Salcombe ..	2,426	47	19.37	12.78	—	—	6	2.47	23	9.48	—	—	—	—
Seaton ..	2,815	57	20.25	11.75	2	0.71	5	1.78	26	9.24	—	—	—	—
Sidmouth ..	9,750	186	19.18	10.32	1	0.10	22	2.26	69	7.08	2	0.21	3	0.31
*South Molton ..	3,019	59	19.54	15.24	3	0.99	6	1.99	23	7.62	—	—	—	—
Tavistock ..	6,077	96	15.79	11.53	4	0.66	18	2.96	34	5.59	1	0.16	—	—
Teignmouth ..	10,460	204	19.50	12.09	3	0.29	35	3.35	86	8.22	2	0.19	4	0.38
*Tiverton ..	11,110	115	10.35	9.00	3	0.27	25	2.25	42	3.78	2	0.18	—	—
*Torquay ..	49,270	800	16.24	11.21	17	0.35	126	2.56	309	6.27	12	0.24	4	0.08
*Totnes ..	5,499	70	12.73	10.18	2	0.36	15	2.73	25	4.55	—	—	—	—
URBAN ..	260,000	3,899	14.99	10.64	69	0.27	651	2.50	1,540	5.92	50	0.19	28	0.11
RURAL.														
Axminster ..	11,480	161	14.02	9.95	1	0.09	32	2.79	66	5.75	1	0.09	—	—
Barnstaple ..	23,030	322	13.98	11.04	7	0.30	55	2.39	132	5.73	5	0.22	—	—
Bideford ..	5,290	62	11.72	9.38	—	—	10	1.89	21	3.97	—	—	—	—
Broadwoodwid'r ..	2,047	13	6.35	5.96	1	0.49	2	0.98	3	1.47	—	—	—	—
Crediton ..	9,909	122	12.31	9.97	1	0.10	15	1.51	55	5.55	—	—	2	0.20
Holsworthy ..	5,985	72	12.03	9.62	—	—	17	2.84	28	4.68	1	0.17	1	0.17
Honiton ..	6,855	79	11.52	9.45	—	—	15	2.19	31	4.52	2	0.29	—	—
Kingsbridge ..	11,430	160	13.99	10.49	2	0.17	29	2.54	64	5.59	1	0.87	2	0.17
Newton Abbot ..	25,380	312	12.29	9.46	9	0.35	56	2.21	116	4.57	5	0.19	6	0.24
Okehampton ..	12,320	157	12.74	9.68	2	0.16	18	1.46	72	5.84	5	0.41	2	0.16
Plympt'n S. Mary ..	31,750	396	12.46	11.09	4	0.13	69	2.17	146	4.59	5	0.16	7	0.22
St. Thomas ..	31,710	329	10.37	8.71	2	0.06	63	1.99	119	3.75	2	0.06	4	0.13
South Molton ..	9,141	108	11.81	10.39	2	0.22	15	1.64	49	5.36	1	0.11	—	—
Tavistock ..	16,050	187	11.65	9.32	3	0.19	40	2.49	72	4.49	1	0.06	1	0.06
Tiverton ..	20,680	219	10.59	8.89	—	—	35	1.69	83	4.01	2	0.06	—	—
Torrington ..	7,283	98	13.46	11.30	2	0.27	16	2.19	44	6.04	—	—	1	0.14
Totnes ..	13,960	158	11.32	8.83	1	0.07	25	1.79	68	4.87	1	0.07	1	0.07
RURAL ..	244,300	2,955	12.09	9.79	37	0.15	512	2.09	1,169	4.79	32	0.13	27	0.11
ADMINISTRATIVE COUNTY ..	504,300	6,854	13.59	10.33	106	0.21	1,163	2.31	2,709	5.37	82	0.16	55	0.11

\* Including Members of the Armed Forces stationed in the Area.

† For comparisons, the numbers and not the rates should be used.



### Infantile Mortality.

The number of deaths under one year amounted to 177 (111 males and 66 females). Of this number 13 were illegitimate.

The number of deaths under 4 weeks amounted to 135 (87 males and 48 females). Of this number 10 were illegitimate.

**Infantile Mortality Rate**, 25.82, compared with 27.6 for England and Wales.

### Maternal Mortality.

7 deaths occurred as a result of child birth, giving a rate of 1.02 per 1,000 live births compared with 0.72 for England and Wales.

**TABLES** dealing with the various Statistics will be found on pages 39, 41, 57, 73, 98 of the report.

## POPULATION.

The estimated mid-year home population for 1952 was 504,300.

### BIRTH RATE (CRUDE).

Year .. ..	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England & Wales	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3
Devon .. ..	13.9	16.4	15.5	17.3	17.9	15.7	14.7	13.5	13.5	13.6

### DEATH RATE (CRUDE).

Year .. ..	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England & Wales	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3
Devon .. ..	14.4	14.5	14.8	14.1	14.8	12.9	14.7	14.5	15.5	13.6

### Heart and Circulatory Diseases.

In the Administrative County there were 2,709 deaths from Diseases of the Heart and Circulatory System (1,348 males and 1,361 females), corresponding to a death rate of 5.37 per 1,000 of

the population, compared with 3,104 and 6.10 in 1951. Of these, 1,540 (5.92 per 1,000) occurred in the combined Urban Districts, and 1,169 (4.79 per 1,000) occurred in the combined Rural Districts.

In Table II will be found the number of deaths and death rates from these diseases for the several districts of the County.

#### **Cancer.**

In the Administrative County there were 1,163 deaths from Cancer, (544 males, and 619 females), corresponding to a death rate of 2.3 per 1,000 of the population, compared with 1,107 and 2.2 in 1951. Of these, 651 (2.5 per 1,000) occurred in the combined Urban Districts, and 512 (2.1 per 1,000) occurred in the combined Rural Districts.

In Table II will be found the number of deaths and death rates from this disease for the several districts of the County.

#### **Vascular Lesions of Nervous System.**

In the Administrative County there were 1,089 deaths from Vascular Lesions of Nervous System (436 males, and 653 females), corresponding to a death rate of 2.2 per 1,000 of the population, compared with 1,080 and 2.2 in 1951. Of these, 664 (2.55 per 1,000) occurred in the combined Urban Districts, and 425 (1.74 per 1,000) occurred in the combined Rural Districts.

### **PREVALENCE AND CONTROL OF INFECTIOUS DISEASE**

With regard to notifications of infectious disease, a change brought about in 1950 as a result of the National Health Service Act is that under Schedule 10, local sanitary authorities must send a copy of all notifications of infectious disease to the County Medical Officer within 12 hours, if possible, and in any case within 48 hours after its receipt. The County Council is required to reimburse local sanitary authorities for any fee which they have paid for the original notification.

#### **Smallpox.**

As from the 5th July, 1948, the County Council's responsibility to provide for the isolation hospital treatment of cases of Smallpox passed to the Regional Hospital Board. During the year 1952, no case of smallpox was reported in the Administrative County.

#### **Scarlet Fever.**

There were 349 cases notified, with no deaths during the year, compared with 270 cases and no deaths for the previous





TABLE III. 1952.  
NOTIFIABLE DISEASES.

DISTRICTS.	Scarlet Fever		Diphtheria		Enteric Fever		Pneumonia *		Puer. & Post abort. sepsis		Acute Poliomyelitis		Cerebro- Spinal Fever		Ac. inf. enceph.		Ophthalmia Neonatorum		Total.	
	Cases	Deaths †	Cases	Deaths	Cases	Deaths †	Cases	Deaths	Cases	Deaths †	Cases	Deaths	Cases	Deaths †	Cases	Deaths †	Cases	Deaths †	Cases	Deaths
<b>URBAN. (Boroughs*)</b>																				
Ashburton .. .. .	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Axminster .. .. .	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
*Barnstaple .. .. .	1	—	—	—	—	—	25	5	1	—	3	—	—	—	1	—	—	—	31	—
*Bideford .. .. .	12	—	—	—	1	—	1	2	—	—	5	—	—	—	—	—	—	—	19	—
Brixham .. .. .	9	—	—	—	—	—	4	5	—	—	—	—	—	—	—	—	—	—	13	—
Buckfastleigh .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Budleigh Salterton .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Crediton .. .. .	—	—	—	—	—	—	3	2	—	—	—	—	—	—	—	—	—	—	3	—
*Dartmouth .. .. .	4	—	—	—	—	—	13	2	2	—	—	—	—	—	—	—	—	—	19	—
Dawlish .. .. .	3	—	—	—	1	—	3	2	1	—	—	—	—	—	—	—	—	—	8	—
Exmouth .. .. .	51	—	—	—	1	—	—	8	2	—	1	1	—	—	—	—	—	—	55	—
*Great Torrington .. .. .	2	—	—	—	—	—	6	1	—	—	—	—	—	—	—	—	—	—	8	—
Holsworthy .. .. .	8	—	—	—	—	—	4	1	—	—	—	—	—	—	—	—	—	—	12	—
*Honiton .. .. .	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	—
Ilfracombe .. .. .	5	—	—	—	—	—	1	4	—	—	1	—	—	—	—	—	—	—	7	—
Kingsbridge .. .. .	5	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	5	—
Lynton .. .. .	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Newton Abbot .. .. .	6	—	—	—	—	—	2	5	3	—	11	—	—	—	—	—	—	—	22	—
Northam .. .. .	1	—	—	—	—	—	2	2	—	—	1	1	—	—	—	—	—	—	4	—
*Okehampton .. .. .	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	3	—
Ottery St. Mary .. .. .	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	1	—
Paignton .. .. .	7	—	—	—	—	—	4	4	3	—	—	—	—	—	—	—	—	—	14	—
Salcombe .. .. .	14	—	—	—	—	—	—	4	—	—	2	—	—	—	—	—	—	—	16	—
Seaton .. .. .	2	—	—	—	—	—	6	1	2	—	—	—	—	—	—	—	—	—	10	—
Sidmouth .. .. .	1	—	—	—	—	—	—	4	—	—	6	—	—	—	—	—	—	—	7	—
*South Molton .. .. .	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Tavistock .. .. .	4	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	5	—
Teignmouth .. .. .	12	—	—	—	—	—	9	4	—	—	—	—	—	—	—	—	—	—	21	—
*Tiverton .. .. .	7	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	8	—
*Torquay .. .. .	53	—	—	—	—	—	13	32	1	—	1	—	—	—	—	—	—	—	68	—
*Totnes .. .. .	4	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	7	—
<b>TOTALS ..</b>	<b>213</b>		<b>—</b>		<b>4</b>		<b>101</b>	<b>104</b>	<b>20</b>		<b>31</b>	<b>2</b>	<b>—</b>		<b>1</b>		<b>—</b>		<b>370</b>	
<b>RURAL.</b>																				
Axminster .. .. .	4	—	—	—	—	—	4	3	—	—	2	—	—	—	—	—	—	—	10	—
Barnstaple .. .. .	10	—	—	—	1	—	12	3	—	—	10	3	—	—	—	—	—	—	33	—
Bideford .. .. .	2	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—	3	—
Broadwoodwidge .. .. .	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Crediton .. .. .	1	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	4	—
Holsworthy .. .. .	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Honiton .. .. .	4	—	—	—	—	—	5	—	—	—	2	—	—	—	—	—	—	—	11	—
Kingsbridge .. .. .	6	—	—	—	—	—	3	2	2	—	1	—	—	—	—	—	—	—	12	—
Newton Abbot .. .. .	13	—	—	—	—	—	7	11	—	—	2	1	—	—	—	—	—	—	22	—
Okehampton .. .. .	9	—	—	—	—	—	5	3	—	—	1	—	—	—	—	—	—	—	15	—
Plympton St. Mary .. .. .	19	—	—	—	—	—	34	11	2	—	3	—	—	—	—	—	—	—	58	—
South Molton .. .. .	4	—	—	—	—	—	2	13	—	—	—	—	—	—	—	—	—	—	6	—
St. Thomas .. .. .	29	—	—	—	—	—	30	5	4	—	1	—	—	—	—	—	—	—	64	—
Tavistock .. .. .	5	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	5	—
Tiverton .. .. .	17	—	1	—	—	—	19	15	3	—	—	—	—	—	1	—	—	—	41	—
Torrington .. .. .	5	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	1	—	7	—
Totnes .. .. .	8	—	—	—	—	—	—	5	—	—	3	—	—	—	—	—	—	—	11	—
<b>TOTALS ..</b>	<b>136</b>		<b>1</b>		<b>1</b>		<b>125</b>	<b>83</b>	<b>11</b>		<b>26</b>	<b>4</b>	<b>—</b>		<b>1</b>		<b>1</b>		<b>302</b>	
<b>Administrative County</b>	<b>349</b>		<b>1</b>	<b>—</b>	<b>5</b>		<b>226</b>	<b>187</b>	<b>31</b>		<b>57</b>	<b>6</b>	<b>—</b>		<b>2</b>		<b>1</b>		<b>672</b>	

\* Deaths include both notifiable and non-notifiable cases.

† No figures of deaths published by Registrar-General.

Cases, as notified by Medical Officers of Health.  
Deaths, as notified by Registrar-General.

TABLE IIIa, 1952

YEAR	Scarlet Fever		Diphtheria & Membranous Group.		Enteric Fever		Pneumonia †		Puer. & Post abort. sepsis		Poliomyelitis Polio-Encephalitis		Cerebro-Spinal Fever		Ac. inf. cnceph.		Ophthalmia Neonatorum		Total.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1943 .. ..	466	2	132	4	25	1	267	233	35	4	1	1	13	4	1	1	13	—	953	250
1944 .. ..	557	3	108	3	29	2	274	223	39	4	23	2	28	6	1	4	12	—	1071	247
1945 .. ..	497	2	63	4	12	—	206	199	25	4	15	2	17	5	1	5	14	—	836	221
1946 .. ..	427	—	49	4	21	—	228	210	33	3	6	2	14	3	1	1	1	—	780	223
1947 .. ..	274	—	31	2	3	—	209	203	27	6	60	1	11	3	—	4	9	—	624	219
1948 .. ..	254	—	15	—	4	1	190	166	16	1	15	5	5	2	—	5	9	—	499	180
1949 .. ..	417	—	10	—	3	—	337	262	27	1	92	9	5	4	—	3	7	—	898	279
1950 .. ..	393	*	4	*	7	*	326	222	17	*	177	31	1	*	—	*	4	—	929	*
1951 .. ..	270	*	2	*	14	*	437	248	28	*	41	6	—	*	1	*	4	*	769	*
1952 .. ..	349	*	1	*	5	*	226	187	31	*	57	6	—	*	2	*	1	*	672	*

† Deaths include both notifiable and non-notifiable cases.

\* No figures of deaths published by Registrar-General.

Cases, as notified by Medical Officers of Health.

Deaths, as notified by Registrar-General.



year. Cases were reported in all but 10 of the sanitary districts.

The largest number of cases occurred in Torquay (53), Exmouth (51) and St. Thomas Rural (29)

### **Diphtheria.**

There was 1 case notified, with no deaths during the year, compared with 2 cases and no deaths for the previous year. The disease was notified in 1 (rural) of the 48 sanitary districts.

Sole responsibility for the provision of facilities for immunisation against diphtheria rests with the Local Health Authority. Further details regarding the scheme is contained in the section further on in this report which deals with Section 26 of the National Health Service Act.

### **Enteric Fever.**

There were 5 cases with no deaths, notified during the year, compared with 14 cases and no deaths for the previous year. The disease was notified in 5 (4 urban, 1 rural) of the 48 sanitary districts.

### **Measles.**

There were 1,760 cases notified, with 1 death, during the year, compared with 8,443 cases and no deaths during the previous year. The largest number of cases occurred in Barnstaple Borough (770), Sidmouth Urban (74), Barnstaple Rural (375) and Plympton Rural (214)

### **Whooping Cough.**

There were 808 cases with 1 death, notified during the year, compared with 1,897 cases and 12 deaths, during the previous year. The largest number of cases occurred in Newton Abbot Urban (59) Teignmouth (52), Barnstaple Rural (79), and Tiverton Rural (95).

### **Influenza.**

There were 30 deaths (urban 15, rural 15) registered during the year, compared with 235 for the previous year.

### **Pneumonia.**

There were 226 cases of Pneumonia notified during the year. This disease caused \*187 deaths (urban 104, rural 83) compared with 248 for the previous year.

\* The deaths include both notifiable and non-notifiable cases.

**Puerperal Fever and Pyrexia.**

There were 31 cases notified under the Regulations, compared with 28 cases for the previous year, (urban 20, rural 11).

**Poliomyelitis.**

57 cases were notified during the year and 6 deaths registered. (Urban 31, Rural 26).

**Polio-Encephalitis.**

2 cases were notified during the year.

**Cerebro-Spinal Fever.**

No case was notified during the year.

**Ophthalmia Neonatorum.**

There was 1 case (rural) notified, compared with 4 for the previous year. (Further reference to this is made in the Maternity and Child Welfare Section of the report).

**SCHOOL CLOSURE**

During the year no schools were closed on account of infectious diseases. This is the second year that there have been no closures, compared with 3 in 1950.

5,637 children (infected and contacts as notified by Head Teachers) were excluded ; Chickenpox 1,900, Conjunctivitis 64 Diphtheria 3, Gastro-Enteritis 1, German Measles 226, Measles 909, Mumps 1,779, Scarlet Fever 159, Septic Tonsillitis 6, Whooping Cough 444, Ringworm 14, Impetigo 21, other Skin Diseases 4, other Diseases 107.

**TUBERCULOSIS.**

The number of notifications under the Tuberculosis Regulations 1952 was 298 and 106 deaths were given in the Registrar General's return.

**Notifications.**

The following table shows the total number of cases of Tuberculosis remaining on the registers at the end of 1952 :—

PULMONARY.				NON-PULMONARY.				TOTAL CASES.
<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>	
1,400	1,034	126	2,560	114	137	149	400	2,960



The following is a summary of primary notifications during the year 1952, as furnished to the Minister of Health.

### Notifications on Form A.

#### Number of Primary Notifications of new cases of Tuberculosis.

Age periods		0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75 and over	Totals	Grand Total
Pulmonary Males	..				4	3	9	18	22	25	20	23	6	2	132	298
„ Females	..			2	2	6	17	14	32	9	13	2	5	1	103	
Non-Pulmonary Males	..			2	3	2	4	3	4	8	5	3		1	35	
„ Females	..				5	3	3	2	5	3	2	3	1	1	28	

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the year, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1952.

Age periods.		0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75 and over	Total Cases
Pulmonary Males	..						1	3	23	12	5	3	2		49
„ Females	..					1	5	4	8	14					32
Non-Pulmonary Males	..														
„ Females	..								1	1					2

The primary notification of Tuberculosis on Form A (all forms) amounted to 298 (167 males, 131 females). Of this number 235 (132 males, 103 females), suffered from Respiratory forms of Tuberculosis, and 63 (35 males, 28 females) from other forms of Tuberculosis. The number of notifications (298) is lower than the corresponding figure for 1951 (388). Pulmonary cases show a decrease of 78 and non-pulmonary a decrease of 12.

## Mortality.

### (a) Pulmonary.

During the year 1952, 82 deaths (56 males and 26 females) occurred; of these, 56 occurred in the Urban Districts and 26 in the Rural Districts.

### (b) Non-Pulmonary.

5 deaths occurred (3 males and 2 females). Of this number 3 occurred in the Urban Districts and 2 in the Rural Districts.

### *Deaths from all forms of Tuberculosis.*

There were 87 deaths (59 males and 28 females), 59 in the Urban Districts and 28 in the Rural Districts.

Table II gives the number of deaths and death rates in the various districts in the County. (Registrar-General).

The Tuberculosis death rate for the County as a whole is 0.21 per 1,000 of the population.

In the combined Urban Districts the death rate was 0.27 and in the combined Rural Districts 0.15. In the Urban Districts the highest death rate was in South Molton (0.99) and in the Rural Districts the highest death rate was in Broadwoodwidger (0.49).

The following table shows the death rates from Tuberculosis (all causes) for the last five years :—

Year	...	1948	1949	1950	1951	1952
Rate	.....	0.4	0.37	0.32	0.29	0.21

There were no deaths from Tuberculosis (all causes) amongst Children and Infants during the year 1952.

**New Cases and Mortality during 1952.**

(Returns from Local Registrars).

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— .. ..	—	—	—	—	—	—	—	—
1— .. ..	—	—	—	—	—	—	—	—
2— .. ..	—	2	2	—	—	—	—	—
5— .. ..	4	2	3	5	—	—	—	—
10— .. ..	3	6	2	3	—	—	—	—
15— .. ..	9	17	4	3	—	—	—	—
20— .. ..	18	14	3	2	2	3	—	—
25— .. ..	22	32	4	5	11	8	—	—
35— .. ..	25	9	8	3	6	2	1	—
45— .. ..	20	13	5	2	10	3	—	—
55— .. ..	23	2	3	3	18	—	2	—
65— .. ..	6	5	—	1	8	6	—	2
75 and upwards ..	2	1	1	1	1	4	—	—
TOTALS ..	132	103	35	28	56	26	3	2

Of the 87 deaths from Tuberculosis (all forms) returned by the Local Registrars, 39 (34.4 per cent.) were of un-notified cases, the reasons given being :—

Visitors .....	6
Diagnosed on Post Mortem Examination .....	—
Regarded by Medical Attendant as already notified .....	24

The remaining 57 deaths were of cases notified in the following years, and 14 % of these were of cases notified during 1952.

Prior to 1933	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Total
1	1	—	—	—	—	—	—	1	1	—	1	2	3	4	4	10	6	7	8	8	57

This table shows the occupation of 87 adults who died from Tuberculosis in 1952 :—

Adults—15 years of age and upwards.

### MALES.

Accountant	2	Inmate Mental Hospital	1
Army	1	Inmate M.D. Inst.	2
Amusement Park Attendant	1	Labourer	1
Army Pensioner	1	Maltster	1
Chef	1	Naval Pensioner	1
Civil Service	4	No Occupation	2
Cleaner	1	Porter	2
Clerk	3	Postman	1
Concrete Worker	1	Retired	8
Copy Writer	1	Storeman	2
Engineer	1	Tailor	1
Farm Labourer	2	Taxi Proprietor	3
Farmer	2	Tobacconist	1
Garage Manager	1	Tile Presser	1
Gardener	1	Tin Miner	1
Grocery Manager	1	Van Driver	4
House Decorator	1	Waiter	1
Hotel Manager	1	Watch Maker	1

TOTAL : 59

### FEMALES.

Housewife	14	No Occupation	8
Inmate Mental Hospital	3	Retired	2
Inmate M.D. Inst.	1		

TOTAL : 28

The following information with regard to the localisation of the deaths from Tuberculosis in 1952 has been obtained from the Returns of the Local Registrars (not those from the Registrar-General).

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Lungs	.....	.....	56	26	82
Meningitis	.....	.....	—	—	—
Generalised	.....	.....	—	—	—
Peritoneum and Intestines	.....	.....	—	—	—
Kidney	.....	.....	—	—	—
Joints	.....	.....	—	1	1
Spine	.....	.....	1	1	2
Other Forms	.....	.....	2	—	2
			59	28	87

Of the 87 deaths, no cases occurred amongst children under 15.

#### **Prevention of Tuberculosis Regulations, 1925.**

No action has been taken by the County Council under these Regulations.

#### **X-Rays.**

During the year 19,520 X-Ray examinations were carried out in the 4 areas of the Administrative County ; North Devon 7,173, Torquay 7,159, Exeter 3,881, Plymouth 1,307.

Details of Mass Radiography can be found later in the report.

#### **Grants of Extra Nourishment, etc.**

The following grants were made during the year on the recommendation of the Chest Physicians :—

*Extra Nourishment*—302 grants were made to 106 patients for milk at the rate of 7/7d. per week.

#### **Occupational Therapy.**

Arrangements were made for Tuberculosis patients to receive instruction in their own homes by 3 Occupational Therapists. 2,679 visits were made to 206 patients. Further details are contained under Section 28 later in the report



### Shelters.

Shelters are loaned to patients on the advice of the Chest Physicians and are inspected at intervals by the Chest Physicians and Health Visitors. Total number available 64 :

### Tuberculosis Visiting.

The Health Visitors act as Tuberculosis Visitors, and during the year 1,532 visits were made to homes of tuberculous patients. One Health Visitor is attached to each of the 4 Chest Clinics and works in close co-operation with the 4 Chest Physicians. Information relating to patients is then passed to the appropriate Health Visitor.

### CHEST CLINICS.

The Chest Physicians of our four districts are :—

North Devon	Dr. A. J. MacMillan.
East Devon	Dr. G. E. Adkins.
Torquay	Dr. W. E. B. Lloyd.
South Devon	Dr. J. C. Mellor.

The work of the clinics is set out in the appropriate forms SWRHB/TB/3/4 which accompany this report (appendices A, B, C, and D). Supplementary information has been collected to complete the account of the working of the clinic services in the area.

Tuberculosis Register (including City of Exeter).

Present Total	3,535
New Notifications	409
Deaths	112

The register is under constant review and is up to date. The great majority of notifications are either made by or at the instigation of the chest physicians. There are no doctors in the area whose views on notification deviate widely from the rest.

### Contacts.

The total number examined for the first time is 1,403, re-examinations 2,606, making 3.43 new contacts, and 6.6 re-examinations for each new notified case. These figures, creditable as they are, are improved by 648 contacts examined by the Miniature Mass Radiography Units. In the urban districts not more than about 10% of contacts who were asked failed to attend ; in the rural districts the number was nearer 15%. The great majority of failures are re-examination cases and adults. Attendance among child contacts has been very good.

### Tuberculin Testing and B.C.G. Vaccination.

Increasing experience with the jelly test has shown that if the final test is postponed until eight weeks after vaccination, those results which are equivocal at six weeks have become definite, and so the need for a second test is avoided. Where the jelly test is used it is now our practice to carry out the final test at eight weeks in all except those cases where financial or other urgent

reasons make the earliest possible result desirable. In these cases an equivocal jelly test at six weeks is followed immediately by an intra-dermal test.

In regard to the question of extending the vaccination scheme to school leavers, the following two points are brought forward for consideration :—

(i) A positive result to the initial tuberculin test would require to be followed by a chest radiograph, and if the numbers were considerable it would throw a big extra burden on the radiographic departments. The scheme would be much more workable if the tuberculin testing could be done shortly before a visit of the Miniature Mass Radiography Unit, but this might not correspond with the school-leaving date.

(ii) The dispersal of young persons when they have left school makes some sort of central register imperative in order that a chest physician may be able to find out whether any given new patient referred for an opinion has been vaccinated or not. Information given by the young people themselves would not be reliable. Until such a register is instituted, a school-leavers' vaccination scheme might raise more problems than it would settle.

295 contacts have been successfully vaccinated. In addition 90 nurses or other hospital staff were also successfully vaccinated, and there are a number in both categories whose vaccination result is awaited.

#### **Domiciliary Visits.**

The majority of these visits continues to be in connection with tuberculosis. As a rule consultations are only made on cases too ill to attend the clinic, but every effort is made to pay at least one visit to all cases sent to the clinic in order to ascertain the home conditions. Enough routine follow-up visits are still difficult to manage, but the position has been somewhat easier in the South Devon district since the arrival of Dr. Mellor. A number of consultations in cases of non-tuberculous diseases are made, mostly to patients in general hospitals.

#### **Health Visitors.**

The health visitors have done most valuable work in connection with the supervision of patients in their homes, contact examination, and B.C.G. vaccination.

#### **Institutional Services and Waiting Lists.**

A detailed account of the work in the chest hospitals is given in a separate report. From the point of view of the clinical area, the most important events have been the bringing into use of 12 beds at the Bideford Isolation Hospital and 8 beds at the Torquay Isolation Hospital, all for female patients.

This has been a great help in reducing the waiting list for female patients, the unsatisfactory state of which was mentioned in last year's report.

TABLE A.

## SOUTH WESTERN REGIONAL HOSPITAL BOARD

## Chest Clinic Services

H.M.C.: NORTH DEVON.

NAME OF CLINIC: Chest Clinic,

North Devon Infirmary Annexe, Barnstaple.

TIME TABLE OF SESSIONS (day, time and frequency):

Combined:

Consultative only:

Tuesday &amp; Thursday

9 a.m.—1 p.m.

2.0 p.m.—4.0 p.m.

(Weds. at Bideford Hospital 9 a.m.—1 p.m.)

Return for Year Ending 31.12.52.

A.P.T. etc., Refills:

Fridays—9 a.m.—1 p.m.

2.0 p.m.—4.0 p.m.

51

	J.T.C. Classification					Total Resp.	Grand Total	
	Non- Resp.	Resp. 1.	Resp. 2.	Resp. 3.	Children			
Male	9	7	19	7		33	42	First examinations:—789.
Female	9	4	21	2		27	36	Re-examinations:—5,023.
Children (under 15)	7	12	—	—		12	19	A.P.T. Refills, etc.:—1,286.  B.C.G. Vaccinations (Contacts):—43.
Contacts:—	Males	Females		Children		Total		
	44	82		134		260		
	2	21		123		146		
	1	1		1		3		
Number first examined at clinics during the year								
Number first examined by Mass Radiography Units during year								
All contacts diagnosed as T.B. during the year								

TABLE B.

## SOUTH WESTERN REGIONAL HOSPITAL BOARD

## Chest Clinic Services

H.M.C.: EXETER SPECIAL.

NAME OF CLINIC: Ivybank Chest Clinic,

45, St. David's Hill, Exeter,

&amp; associated Clinics at Axminster, Teignmouth &amp; Tiverton.

TIME TABLE OF SESSIONS (day, time and frequency):

Combined: Consultative only:

Fridays, weekly, a.m. and p.m.

&amp; Thursday, monthly, p.m.

Return for Year Ending 31.12.52.

A.P.T. etc., Refills:

Tuesdays, weekly, a.m. &amp; p.m.

	J.T.C. Classification					Total Resp.	Grand Total.
	Non-Resp.	Resp. 1.	Resp. 2.	Resp. 3.			
Male	2	14	12	12		38	40
Female	3	11	16	6		33	36
Children (under 15)	4	3	1	1		5	9
New cases of T.B. diagnosed during the year	Males		Females		Children	Total.	
	68		84		127	279	
	3		7		—	10	
Contacts:—	1		1		1	3	
Number first examined at clinics during the year							First examinations:—975.
Number first examined by Mass Radiography Units during the year							Re-examinations:—1,960.
All contacts diagnosed as T.B. during the year							A.P.T. Refills, etc.:—1,599.
							B.C.G. Vaccinations (Contacts):—64.

## SOUTH WESTERN REGIONAL HOSPITAL BOARD

## Chest Clinic Services

H.M.C.: TORQUAY DISTRICT.

NAME OF CLINIC: Torquay Chest Clinic,

Castle Chambers, Higher Union Street, Torquay.

TIME TABLE OF SESSIONS (day, time and frequency):

Combined: Consultative only:

Mondays &amp; Thursdays.

Mondays &amp; Thursdays.

Return for Year Ending 31.12.52.

A.P.T. etc., Refills:

Monday, all day.

Thursday, half day.

	J.T.C. Classification					Total Resp.	Grand Total.
	Non-Resp.	Resp. 1.	Resp. 2.	Resp. 3.			
Male	1	17	45	18	80	81	First examinations:—1,706. Re-examinations:—5,607.
Female	5	13	38	17	68	73	
Children (under 15)	9	5	1	1	7	16	A.P.T. Refills, etc.:—3,302. B.C.G. Vaccinations (Contacts):—63.
Contacts:— Number first examined at clinics during the year  Number first examined by Mass Radiography Units during the year  All contacts diagnosed as T.B. during the year	Males	Females		Children		Total.	
	123	241		245		609	
	4	21		346		371	
	5	18		6		29	

TABLE D.

SWRHB/TB/3  
SWRHB/TB/4SOUTH WESTERN REGIONAL HOSPITAL BOARD  
Chest Clinic Services

H.M.C.: PLYMOUTH SPECIAL.

NAME OF CLINIC: Chest Clinic,

Beaumont House, Beaumont Park, Plymouth. (For South Devon cases.)

TIME TABLE OF SESSIONS (day, time and frequency):

Combined:

Thursdays, weekly, 1st Thursday in month.

(except 1st Thursday in month).

Alternate Wednesdays (Tavistock Hospital).

A.P.T. etc., Refills:  
Tuesdays, weekly.

	J.T.C. Classification				Total Resp.	Grand Total.
	Non-Resp.	Resp. 1.	Resp. 2.	Resp. 3.		
Male	—	4	4	3	11	11
Female	—	4	8	—	12	12
Children (under 15)	2	2	1	—	3	5
New cases of T.B. diagnosed during the year	Males	Females		Children	Total.	
	37	74		27	138	
	—	—		—	—	
Contacts:—	1	2		3	6	
Number first examined at clinics during year						
Number first examined by Mass Radiography Units during year						
All contacts diagnosed as T.B. during year						

First examinations:—340.

Re-examinations:—1,279.

A.P.T. Refills, etc.:—1,043.

B.C.G. Vaccinations  
(Contacts):—89.



## Bacteriology.

This work is done in the Public Health Laboratory in Exeter. Increasing use of culture methods for the isolation and study of tubercle bacilli has resulted in heavier demands upon this service and we are grateful for the way in which the director and his staff have responded.

## TUBERCULOSIS INSTITUTIONAL REPORTS FOR THE YEAR 1952.

### (Administrative County of Devon and City of Exeter).

During the year a certain number of beds have been opened for tuberculous patients in the Isolation Hospitals at Bideford and Torquay.

I am indebted to Dr. R. L. Midgley, Consultant Chest Physician to the Exeter Clinical Area, for the following general statement with regard to the work carried out at the Chest Hospitals.

"During the year all the beds for the treatment of tuberculosis which had become available during 1951 were used to full capacity. In addition, the request of the Minister of Health that general hospitals might make some of their beds available for the treatment of tuberculosis patients has been met in the Clinical Area by the provision during July, 1952, of 12 beds in the Bideford Isolation Hospital, and November, 1952, of 8 beds in the Torquay Isolation Hospital. The full benefit of the extra beds opened in 1951, together with those acquired during 1952, has been shown on the waiting list, which, by the end of the year, was reduced to the lowest figure it has been since 1939.

"Statistical data of the work carried out at Hawkmoor, Hawley, the Isolation Hospitals and Honeylands Children's Sanatorium is appended. It is worthy of note that only 64 out of 461 tuberculous patients admitted were in the "A" Group of the Ministry of Health classification. This concentration of effort on the positive cases is in the best interests of public health, although it is very disturbing that of the 397 "B" cases only 57 were in Class 1. This means that there is a continual reservoir of infectious persons with relatively advanced disease still at large, who present a challenge to Clinics in their efforts at case-finding.

"Better methods of treatment have, during the past four years, produced a diminishing death rate. In 1952 the number of deaths was only 23—the lowest it has been since 1935. This remarkable change has brought about its own problems, because those who formerly died after a relatively short stay now remain in hospital to undergo what may be a successful form of treatment but which occupies a very long time. The consequence of this is that it is more difficult to get a quick turnover of beds—a better

survival rate may even produce an increased waiting list before the problem is finally overcome. It is mainly the better understanding of the recently discovered anti-tuberculosis drugs which has produced this remarkable change, and not only are they valuable life-saving measures in themselves, but they also bring within the field of practical surgery many patients who would never otherwise reach this stage.

“Tables are appended which illustrate the volume, type and results of the tuberculous and non-tuberculous work carried out in these hospitals during the year 1952.

Appendix E Hawkmoor Chest Hospital Report—it should be noted that the cases admitted from Cornwall and Plymouth are for surgical treatment only, after which they return to their respective sanatoria to complete treatment.

Appendix F Isolation Hospital, Exeter, Report.

Appendix G Honeylands Children's Sanatorium Report.

Appendix H Hawley Hospital, Barnstaple, Report.

Appendix I Isolation Hospitals Bideford and Torquay Reports.

Appendix J Hawkmoor Chest Hospital Children's Report.

#### APPENDIX E.

### HAWKMOOR CHEST HOSPITAL. BOVEY TRACEY

#### Report for the Year 1952.

TOTAL NUMBER OF BEDS AVAILABLE	..	..	..	210
(of which 17 are indefinitely used for other purposes).				
„ „ „ PATIENTS ADMITTED	..	T.B. 279	..	392
		N.T.B. 113		
„ „ „ DISCHARGED OR WHO		T.B. 274	..	387
HAVE DIED		N.T.B. 113		
„ „ „ PATIENT DAYS	..	T.B. 61350	..	65,423
		N.T.B. 4073		
AVERAGE NUMBER OF BEDS OCCUPIED	..	T.B. 172	..	183
		N.T.B. 11		
„ LENGTH OF STAY (days)	..	T.B. 228		
		N.T.B. 36		

#### AGE CLASSIFICATION ON ADMISSION.

	<i>Tuberculous</i>			<i>Non-Tuberculous Thoracic Surgical</i>		
	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Under 5 years	—	2	2	1	—	1
„ 15 „	3	6	9	4	2	6
„ 25 „	31	44	75	3	3	6
„ 35 „	36	62	98	8	3	11
„ 45 „	27	25	52	8	8	16
„ 55 „	21	10	31	32	4	36
„ 65 „	6	4	10	20	2	22
65 years and over	1	1	2	11	4	15
TOTAL	125	154	279	87	26	113

TABLE IV.

Return showing the Immediate Results of Patients Discharged.

Classification on Admission.	Condition at the time of Discharge.	Duration of Residential Treatment.											
		Under 3 months.			3 to 6 months.			6 to 12 months.			Over 12 months.		
		M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.
PULMONARY													
CLASS R.A.1	Quiescent	1	3	1	1	4	—	1	1	—	—	—	—
	Not Quiescent	1	—	1	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
CLASS R.A.2	Quiescent	2	—	—	—	—	—	1	1	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
CLASS R.A.3	Quiescent	—	1	—	1	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	GROUP R.A.	4	4	2	2	4	—	2	2	—	—	—	—
CLASS R.B.1	Quiescent	3	6	—	8	9	1	6	15	1	2	—	—
	Not quiescent	2	1	—	—	—	—	1	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
CLASS R.B.2	Quiescent	12	15	—	20	15	—	13	10	1	9	13	—
	Not quiescent	2	2	—	—	—	—	—	—	1	—	—	—
	Died	—	1	—	1	—	—	—	—	—	—	—	—
CLASS R.B.3	Quiescent	4	4	—	5	4	—	15	5	1	6	5	1
	Not quiescent	3	2	—	1	1	—	4	—	—	4	1	—
	Died	3	—	—	—	2	—	—	2	—	—	2	—
TOTAL	GROUP R.B.	29	31	—	35	31	1	39	32	4	21	21	1
NON-PULMONARY													
CLASS N.R.A.	Quiescent	3	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	N.R.A.	3	—	—	—	—	—	—	—	—	—	—	—
CLASS N.R.B.	Quiescent	—	—	1	1	—	1	—	—	—	—	—	—
	Not quiescent	1	—	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	N.R.B.	1	—	1	1	—	1	—	—	—	—	—	—
*OBSERVATION		2	—	—	—	—	—	—	—	—	—	—	—
	TOTAL												

\*These cases were admitted as suspected tuberculosis, but, on investigation, proved to be not tuberculosis and discharged.

Abbreviations: R.A. —tuberculosis negative (pulmonary)  
R.B. —tuberculosis positive (pulmonary)  
N.R.A. —tuberculosis negative (non-pulmonary)  
N.R.B. —tuberculosis positive (non-pulmonary)  
Numbers—stages of disease



TUBERCULOUS admissions include those from Plymouth and Cornwall, whose separate statistics are shown later in the report.

# DISEASE CLASSIFICATION ON ADMISSION.

				Males	Females	Children	Total.
<b>PULMONARY</b>							
Non-tuberculous							
Thoracic Surgical	..	..		82	24	7	113
Observation	..	..		2	1	—	3
Class R.A.1.	..	..		7	8	2	17
„ R.A.2.	..	..		4	1	—	5
„ R.A.3.	..	..		3	4	—	7
„ R.B.1.	..	..		18	25	2	45
„ R.B.2.	..	..		50	56	—	106
„ R.B.3.	..	..		33	51	4	88
<b>NON-PULMONARY</b>							
N.R.A.	..	..		3	—	—	3
N.R.B.	..	..		2	—	3	5
<b>TOTAL</b>				<b>204</b>	<b>170</b>	<b>18</b>	<b>392</b>

Above includes admissions from:

				<i>CORNWALL</i>			<i>CITY OF PLYMOUTH</i>		
Class				<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
„ R.B.1.				—	—	—	1	1	2
„ R.B.2.				8	10	18	10	12	22
„ R.B.3.				—	1	1	2	3	5
<b>TOTAL</b>				<b>8</b>	<b>11</b>	<b>19</b>	<b>13</b>	<b>16</b>	<b>29</b>

Discharged to Hospital of origin.

				<i>CORNWALL</i>			<i>CITY OF PLYMOUTH</i>		
Condition on Discharge.				<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
R.B.1. Improved				—	—	—	1	2	3
R.B.2. „				9	11	20	9	9	18
R.B.3. „				1	—	1	3	3	6
<b>TOTAL</b>				<b>10</b>	<b>11</b>	<b>21</b>	<b>13</b>	<b>14</b>	<b>27</b>

The above figures are included in Table IV but are separated for convenience.

		Dis- charged	Un- traced	Cured	<i>Not Cured but able Too ill to work to work</i>		Died	Total	Grand Total
1937	R.A.		26	16	13	3	5	63	
	R.B.1.		—	1	1	—	1	3	
	R.B.2.		1	3	2	3	10	19	
	R.B.3.		2	1	1	6	18	28	113
1938	R.A.		29	15	13	2	12	71	
	R.B.1.		5	1	1	—	—	7	
	R.B.2.		9	3	5	1	5	23	
	R.B.3.		4	2	4	1	20	31	132

1939	R.A.	24	17	12	1	23	77	171
	R.B.1.	1	3	2	—	4	10	
	R.B.2.	6	2	6	1	14	29	
	R.B.3.	10	4	4	5	32	55	
1940	R.A.	30	14	10	2	13	69	150
	R.B.1.	6	—	3	1	3	13	
	R.B.2.	8	3	8	2	18	39	
	R.B.3.	5	1	2	—	21	29	
1941	R.A.	34	12	11	3	20	80	160
	R.B.1.	3	2	3	1	1	10	
	R.B.2.	16	6	6	1	12	41	
	R.B.3.	3	1	1	—	24	29	
1942	R.A.	24	11	16	2	11	64	151
	R.B.1.	1	2	8	—	3	14	
	R.B.2.	7	3	9	1	12	32	
	R.B.3.	8	—	2	3	28	41	
1943	R.A.	14	16	24	5	10	69	157
	R.B.1.	4	1	4	1	4	14	
	R.B.2.	10	1	8	4	9	32	
	R.B.3.	6	2	3	3	28	42	
1944	R.A.	21	15	33	3	15	87	177
	R.B.1.	5	3	9	—	2	19	
	R.B.2.	4	2	13	2	9	30	
	R.B.3.	6	—	—	2	33	41	
1945	R.A.	15	7	24	6	5	57	126
	R.B.1.	4	2	7	1	2	16	
	R.B.2.	2	—	9	5	7	23	
	R.B.3.	5	1	3	1	20	30	
1946	R.A.	5	6	10	4	5	30	124
	R.B.1.	8	—	12	1	3	24	
	R.B.2.	7	6	22	—	6	41	
	R.B.3.	3	—	3	5	18	29	
1947	R.A.	5	3	29	1	6	44	141
	R.B.1.	1	—	7	—	3	11	
	R.B.2.	4	2	19	6	9	40	
	R.B.3.	7	—	9	4	26	46	
1948	R.A.	8	—	30	4	3	45	182
	R.B.1.	3	—	17	2	5	27	
	R.B.2.	10	—	36	6	11	63	
	R.B.3.	1	—	19	11	16	47	
1949	R.A.	2	—	23	—	3	28	163
	R.B.1.	2	—	16	4	5	27	
	R.B.2.	6	—	26	9	6	47	
	R.B.3.	7	—	14	25	15	61	



1950	R.A.	3	—	14	6	—	23	
	R.B.1.	3	—	33	4	—	40	
	R.B.2.	7	—	37	17	6	67	
	R.B.3.	6	—	20	19	14	59	189
1951	R.A.	2	—	18	8	—	28	
	R.B.1.	2	—	26	12	1	41	
	R.B.2.	7	—	26	23	2	58	
	R.B.3.	3	—	22	33	12	70	197

It will be noted that the figures in this Table differ from those given in my 1950 Report. It has since been decided to exclude cases who were not treated for a minimum period of three months, to make this follow-up report more realistic.

TABLE I.

OPERATIONS PERFORMED ON TUBERCULOUS PATIENTS  
DURING THE YEAR 1952.

Pneumonectomy .. .. .	14
Thoracoplasty (Stages) .. .. .	106
Resection of Rib .. .. .	1
Lobectomy .. .. .	9
Extra-Pleural Pneumothorax .. .. .	1
Cavity Drainage .. .. .	2
Rib Resection & Insertion of Polythene Pack .. .. .	6
Rib Resection and Drainage of Empyema .. .. .	1
Drainage of Haemothorax .. .. .	1
Excision of Costal Cartilages .. .. .	1
Exploratory Thoracotomy and Removal of Mediastinal Abscess .. .. .	1
Bronchoscopy .. .. .	125
Thoracoscopy .. .. .	8
Thoracoscopy and Adhesion Section .. .. .	53
Phrenic Operations .. .. .	64
Excision Glands of Neck .. .. .	7
Excision of Ischio-Rectal Abscess .. .. .	2
D and C .. .. .	1
Bilateral Oophorosalphingectomy .. .. .	2
Tonsillectomy .. .. .	1
Bone Graft .. .. .	1
Minor Operations .. .. .	25
Successful Artificial Pneumothorax Inductions .. .. .	50
Successful Pneumoperitoneum Inductions .. .. .	18
Unsuccessful Artificial Pneumothorax Induction .. .. .	1
Refills .. .. .	1,873
Patients Admitted with Artificial Pneumothoraces .. .. .	10
Patients Admitted with Pneumoperitoneums .. .. .	1

TABLE II.

**OPERATIONS PERFORMED ON NON-TUBERCULOUS PATIENTS  
DURING THE YEAR 1952.**

Pneumonectomy .. .. .	7
Lobectomy .. .. .	13
Excision Costal Cartilages .. .. .	1
Rib Resection and Drainage of Empyema .. .. .	5
Plastic Repair Chest Wall Sinus .. .. .	1
Exploratory Thoracotomy .. .. .	5
Exploratory Thoracotomy and Removal of Foreign Body from Bronchus .. .. .	2
Oesophagectomy .. .. .	6
Gastro-Oesophagectomy .. .. .	1
Repair Tracheo-Oesophageal Fistula .. .. .	1
Removal Sterno-Thyroid Tumour .. .. .	1
Drainage Sub-Phrenic Abscess .. .. .	1
Repair Hiatus Hernia .. .. .	2
Removal Enchondroma of Rib .. .. .	2
Hysterectomy .. .. .	1
Removal of Foreign Body from Left Forearm .. .. .	1
Bronchoscopy .. .. .	103
Oesophagoscopy .. .. .	28
Oesophagoscopy and Insertion of Souttars Tube .. .. .	1
Phrenic Operation .. .. .	1
Minor Operations .. .. .	20

TABLE III.

**X-Ray Department.**

Total number of examinations .. .. .	7,944
Total number of screenings .. .. .	4,496
Total number of films .. .. .	3,448
Chest examinations .. .. .	3,087
Orthopaedic examinations .. .. .	77

**SPECIAL EXAMINATIONS:**

Barium Meals .. .. .	82
Barium Swallows .. .. .	44
Barium Enemas .. .. .	8
Bronchograms .. .. .	39
Sinograms .. .. .	58
Tomograms .. .. .	284
Pregnancy .. .. .	—
I.V.P. .. .. .	13
Portables .. .. .	250
Dentals .. .. .	9
Abdomen .. .. .	15
Retrogrades .. .. .	1
Total exposures (excluding screenings) .. .. .	5,553

**Dental Department.**

Number of patients inspected	..	..	138
" found to require treatment	..	..	113
" for whom treatment commenced	..	..	113
" of attendances for treatment	..	..	502
" of Fillings	..	..	212
" of Extractions	..	..	192
" of other treatments	..	..	237
" of treatments completed	..	..	99
" of Full Dentures supplied	..	..	14
" of Partial Dentures supplied	..	..	9
" of Dentures repaired	..	..	10
" of Sessions worked	..	..	49

**APPENDIX F.**

**EXETER SPECIAL HOSPITAL MANAGEMENT COMMITTEE  
ISOLATION HOSPITAL, EXETER.  
TUBERCULOSIS UNIT.**

**REPORT FOR THE YEAR 1952.**

Total Number of Beds Available	1.1.52	..	..	..	63
" " " " " "	19.9.52	..	..	..	64
" " " " Patients Admitted	..	..	..	..	132
" " " " (1) Discharged	109	..	..	..	
" " " " (2) Died	9	..	..	..	118
" " " " Patient Bed Days	..	..	..	..	22,833
Average Number of Beds Occupied	..	..	..	..	62.38
" Length of Stay (Days)	..	..	..	..	183.5

**Age Classification on Admission.**

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 15 years	..	..	..	1	1	2
" 25 "	..	..	..	27	11	38
" 35 "	..	..	..	24	16	40
" 45 "	..	..	..	11	6	17
" 55 "	..	..	..	11	2	13
" 65 "	..	..	..	15	1	16
Over 65 years	..	..	..	6	—	6
				95	37	132
				==	==	==

**Disease Classification on Admission.**

Class				<i>Males</i>	<i>Females</i>	<i>Total</i>
R.A. (All groups)	..	..	..	20	7	27
" R.B.1.	..	..	..	4	—	4
" R.B.2.	..	..	..	34	21	55
" R.B.3.	..	..	..	37	9	46
				95	37	132
				==	==	==

RETURN SHOWING IMMEDIATE RESULT OF PATIENTS  
DISCHARGED.

<i>Classifi- Condition at cation on time of dis- admission charge</i>		<i>Under 3 months</i>			<i>3 — 6 months</i>			<i>6 — 12 months</i>			<i>Over 12 months</i>		
		<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>
R.A.1.	Quiescent	6			5								
	Not „												
	Dead												
R.A.2.	Quiescent				4			2					
	Not „	2											
	Dead												
R.A.3.	Quiescent												
	Not „												
	Dead												
TOTAL GROUP R.A.		8			9			2					

R.B.1.	Quiescent *				6			2			2		
	Not „	1											
	Dead												
R.B.2.	Quiescent	4	4		7	1		6	7		2	1	
	Not „	1	2		4	7		1	3		4	1	
	Dead												
R.B.3.	Quiescent	3			1			2	2				
	Not „	4			6	1		3	2				
	Dead	8	1										
TOTAL GROUP R.B.		21	7		24	9		14	14		8	2	

## APPENDIX H.

## EXETER SPECIAL HOSPITAL MANAGEMENT COMMITTEE

## HAWLEY HOSPITAL, BARNSTAPLE.

## REPORT FOR THE YEAR 1952.

Total Number of Beds Available	..	..	..	..	31
„ „ „ Patients Admitted	..	..	..	..	42
„ „ „ Discharged or Died	..	..	..	..	45
„ „ „ Patient Days	..	..	..	..	10,988
Average Daily Number of Beds Occupied	..	..	..	..	30
„ Length of Stay (days)	..	..	..	..	256.66

## Age Classification on Admission.

					Males	Females	Totals
Under	5 years	..	..	..	—	—	—
"	15 "	..	..	..	—	1	1
"	25 "	..	..	..	4	6	10
"	35 "	..	..	..	4	5	9
"	45 "	..	..	..	6	4	10
"	55 "	..	..	..	5	4	9
"	65 "	..	..	..	2	—	2
65 years and over	..	..	..	..	1	—	1
					22	20	42

## Disease Classification on Admission.

Pulmonary				Males	Females	Children	Totals
Class	R.B.1.	..	..	1	4	—	5
	R.B.2.	..	..	11	11	1	23
	R.B.3.	..	..	7	5	2	14
Non-Pulmonary	..	..	..	—	—	—	—
				19	20	3	42

RETURN SHOWING THE IMMEDIATE RESULTS OF PATIENTS  
DISCHARGED.

Classification on admission		Condition time of Discharge	Under 28 days	Under 3 months	3 — 6 months	6 — 12 months	over 12 months							
TOTAL GROUP R.A.			NIL.											
			M.	F.	C.	M.	F.	C.	M.	F.	C.			
	Quiescent													
R.B.1.	Not „				2				1	2				
	Died													
	Quiescent			1		3		1	1	3	1			
R.B.2.	Not „	1		1		2	3	3	1	1	2	2		
	Died													
	Quiescent				1		2					1		
R.B.3.	Not „					1	2	1		2		1		
	Died	2				1								
TOTAL GROUP R.B.			3		2	3	4	10	6	4	1	7	3	2

## APPENDIX G.

## HONEYLANDS CHILDREN'S SANATORIUM.

Total Number of Beds Available	..	..	..	..	20
" " " Patients Admitted	..	..	..	..	33
" " " Discharged or Died	..	..	..	..	33
" " " Patient Days	..	..	..	..	6,270
Average Number of Beds Occupied	..	..	..	..	17.10
Length of Stay (days)	..	..	..	..	179.14

Age Classification on Admission of those admitted during 1952 and who remained in at 31.12.52.

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 years		5	3	8
" 15 "		18	7	25

Duration of Residential Treatment of Those Discharged in 1952.

	<i>Under 3 months</i>		<i>3 — 6 months</i>		<i>6 — 12 months</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Fit for School	5	6	6	1	11	4
Unfit for School	Nil		Nil		Nil	

## APPENDIX I.

## ISOLATION HOSPITAL, BIDEFORD.

Year ended 31.12.52.

Beds opened July, 1952

(Female cases only).

Number of Beds available	..	..	..	..	12
" " Patients Admitted	..	..	..	..	10
" " Discharged	..	..	..	..	2
" " Patient Days	..	..	..	..	1,256

Age Classification on Admission.

	<i>F.</i>	<i>Total</i>
Under 15	1	1
" 25	5	5
" 35	4	4
	—	—
	10	10
	—	—

Disease Classification on Admission.

	<i>F.</i>	<i>Total</i>
R.A.1.	4	4
R.A.2.	—	—
R.A.3.	—	—
R.B.1.	3	3
R.B.2.	2	2
R.B.3.	1	1
	—	—
	10	10
	—	—

Disease Classification on Discharge.

	<i>F.</i>	<i>Total</i>
R.B.1.	2	2



## ISOLATION HOSPITAL, TORQUAY.

Year ended 31.12.52.

Beds opened in November, 1952.

(Male and Female Patients.)

Number of Beds Available ..	..	..	..	..	8
„ „ Patients Admitted ..	..	..	..	..	9
„ „ „ Discharged ..	..	..	..	..	3
„ „ Patient Days ..	..	..	..	..	241

## Age Classification on Admission.

	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>Total</i>
Under 15	—	—	1	1
„ 25	—	2	—	2
„ 35	2	1	—	3
„ 45	1	1	—	2
„ 55	—	—	—	—
„ 65	—	1	—	1
	3	5	1	9
	==	==	==	==

## Disease Classification on Admission.

	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>Total</i>
R.A.1.	1	1	—	2
R.A.2.	—	1	—	1
R.A.3.	—	1	—	1
R.B.2.	2	1	—	3
R.B.3.	—	1	1	2
	3	5	1	9
	==	==	==	==

## Disease Classification of Discharges.

	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>Total</i>
R.A.1.	—	1	—	1
R.B.3.	—	2	—	2
				3
				==

## Appendix J.

HAWKMOOR CHEST HOSPITAL CHILDREN'S REPORT  
FOR THE YEAR 1952.

There were six children of school age in the Hospital on 1.1.1952, eighteen were admitted during the year, and six remained in the Hospital on 31.12.1952.

These children were grouped clinically as follows :—

*Tuberculous Cases*

R.A.1.	..	3
R.B.1.	..	3
R.B.2.	..	2
R.B.3.	..	4
N.R.B.	..	3

*Non-Tuberculous Cases.*

Bronchiectasis	..	..	4
Bronchitis	..	..	1
Foreign Body in Bronchus	..	..	2
Mediastinal Lymphadenitis	..	..	1
Tracheo-Oesophageal Fistula	..	..	1

## **1. Tuberculous Cases.**

### **Group R.A.1.**

One child in this group was X-rayed as a contact of her mother and found to have a minimal lesion, which is resolving on bed rest.

The second case was one of primary tuberculosis who attended the same school as a case quoted in Group R.B.3. He was removed from hospital before treatment could be completed, at the parents' request and against medical advice.

The third case was a contact of a tuberculous aunt, who was found to have a right-sided pleural effusion. This resolved on bed rest.

### **Group R.B.1.**

One was a case of contact examination who subsequently developed progressive infiltration of the left lung. This has been treated by artificial pneumothorax and adhesion section, with satisfactory result.

Another case in this group was discovered on X-ray as a contact. The patient was found to have infiltration in the lungs, which responded to bed rest.

The third case was X-rayed as a contact and found to have a lesion in the right lung. This was treated by artificial pneumothorax, with good result.

### **Group R.B.2.**

One case in this group was a tuberculous contact who was admitted to a general hospital for abdominal symptoms. He developed a cough, was X-rayed, and found to have a right pleural effusion. He was admitted here and treated with bed rest, with satisfactory result.

The other case in this group had tuberculosis of the left lung, with a positive gastric residue examination. She was treated with bed rest, with only slight resolution of the lesion. The patient was removed from Hawkmoor at the parents' request.

### **Group R.B.3.**

One case presented in August 1951 with erythema nodosum, and the following December was found to have consolidation of the right upper lobe, with cavitation, and a T.B. positive sputum. She is now being treated with postural retention and chemotherapy.

Another case was admitted with a right pleural effusion, atelectasis of the whole of the right lung, and apparent cavitation. He was treated with bed rest and chemotherapy, with almost complete restitution to a normal condition.

The third case has been under observation as a contact of her mother. She was found to be developing progressive pulmonary tuberculosis and was treated with a left artificial pneumothorax and adhesion section. This is the youngest age (7 years) at which this treatment has been attempted at this Hospital, and so far the result has been good.

The fourth child was X-rayed as a contact of her mother and found to have advanced pulmonary tuberculosis. She has been treated with bed rest and chemotherapy with considerable improvement, but the prognosis is doubtful. As this child was at school until a week before her admission here, she presented a considerable public health problem, necessitating the examination of every pupil in the school, and this brought to light other cases.

### **Group N.R.B.**

The three children in this group had tuberculous cervical glands. In each case the glands were removed at operation, and tubercle bacilli were recovered from all three on bacteriological examination. All three cases have made satisfactory progress.

### **History of Contact.**

Of the 15 children suffering from tuberculosis, 9 had a history of contact with an open case of tuberculosis. No definite evidence of contact could be established for the remaining 2 pulmonary cases, or for the 3 gland cases.

One cannot emphasize again too strongly the importance of the contact work carried out by the Chest Physicians, and the grave risk to which children are exposed who have to live in contact with open cases of tuberculosis. B.C.G. vaccination of infected contacts is being actively carried out in all parts of the county, and it is hoped that this, combined with the improved chances of segregating infectious persons which additional beds are providing, will bring about some amelioration in this serious state of affairs.

## **2. Non-Tuberculous Cases.**

The four cases of Bronchiectasis received surgical treatment for this condition.

The case of bronchitis was admitted for investigation. Bronchography confirmed the presence of bronchitis only.

Two boys were admitted for the removal of foreign bodies in the bronchi, which was effected by thoracotomy in each case.

One child was found to have mediastinal lymphadenitis, considered to be tuberculous in nature. She was treated surgically and subsequently received sanatorium convalescence.

The remaining case was a new-born baby with a tracheo-oesophageal fistula, which was repaired.

All these children did well, with the exception of the baby which died some days after operation of cardiac failure.

### **Discharges.**

**Tuberculous.** Of those discharged during the year, four were fit to attend school, one was under school age, and four were unfit to attend school.

**Non-Tuberculous.** Of those discharged during the year, seven were fit to attend school, one is receiving sanatorium convalescence and one died as mentioned previously.

### **Length of Stay.**

The average length of stay in the Hospital was 33 weeks for the Tuberculous cases, and 5 weeks for the Non-Tuberculous cases.

## **OAKLAND'S PARK CHILDREN'S HOME.**

There are 40 beds available at Oaklands Park Children's Home and an average of 30 were occupied throughout the year. The staff consists of Matron, 1 Matron's assistant, 3 ward orderlies, 1 children's attendant, who also organises games and meals, and 4 domestic staff.

During the year 124 children were admitted, 126 were discharged and 22 were in the Home at the end of the year. This last number is lower than the average for the year as many of the children are taken home for Christmas.

Average length of stay	..	12 weeks, 4 days.
Average gain in weight	..	5 lbs. 4½ ozs.

## WELFARE OF THE BLIND.

Although blindness—its cause, prevention, and treatment—is essentially of medical interest, powers under this Act have been delegated to the Committee for the Welfare of the Blind.

The Scheme of Registration contains a proviso that before the name of a blind person is entered in the Register he must be examined by a Medical Practitioner qualified in accordance with the proviso to paragraph (5), of Article 4 of the Council Scheme for the provision of Welfare Services for Blind Persons under Section 29 of the National Assistance Act, 1948. If, for one reason or another, the blind person is unable to travel, arrangements are made for him to be visited by an Ophthalmic Surgeon.

## MATERNITY AND CHILD WELFARE

### **Births.**

During the year 1952, 6,854 (6,507 legitimate, 347 illegitimate) births were registered in the Administrative County; this is an increase of 10 on the year 1951. Of the total number of births, 3,467 occurred in the Urban Districts and 3,387 in the Rural Districts.

The birth rate for the County for 1952 was 13.59 per 1,000 of the population compared with 13.5 in 1951. In the three previous years' the rates were : 1950, 13.5 ; 1949, 14.7 ; 1948, 15.7.

The rate for England and Wales for 1952 was 15.3 compared with 15.5 in 1951.

In keeping with the usual trend in the County of Devon, the birth rate remains considerably below the average for the country. For the past three years' the County birth rate has remained practically stationary.

### **Illegitimate Births.**

There were 347 illegitimate births (Urban 198, Rural 149) (Males 186, Females 161) registered, giving a rate of 5.7 per cent for the Urban and 4.4 per cent for the Rural births, with a general rate of 5.1 per cent for the County.

This figure unfortunately shows an increase, which may prove to be only temporary as the total number is not unduly great.

**Stillbirths.**

There were 139 stillbirths (82 males, 57 females) registered in the County, giving a rate of 20.3 per 1,000 total births. The number of illegitimate Stillbirths was 8, giving a rate of 23.1 per 1,000 illegitimate births.

For the second year in succession there has been a steady drop in the loss of infant life from stillbirth. In a large measure this is a result of health education from medical practitioners, both in general practice, in Public Health, and by Health Visitors and Midwives.

**Notifications—Births.**

Under Section 203(2) of the Public Health Act, 1936, all births in the Administrative County must be notified within 36 hours to the County Medical Officer.

In the County 6,738 live births were notified. (Adjusted for transfers in and out).

Domiciliary	..	..	..	..	2,883
Institutional	..	..	..	..	3,855
Total ..					<u>6,738</u>

**Stillbirths.**

In the Administrative County, 141 stillbirths were notified during the year.

Domiciliary	..	..	..	..	42
Institutional	..	..	..	..	99
Total ..					<u>141</u>

All cases of stillbirth are followed up by detailed investigations in an endeavour to determine the causes of this loss of potential child life.

**Premature Births.** (i.e. babies weighing  $5\frac{1}{2}$  lbs. or less at birth, irrespective of period of gestation).

Number notified	..	..	..	..	413
Born at home	..	..	..	..	139
Born in Private Nursing Home	..	..	..	..	23
Born in Hospitals and Nursing Homes under Regional Hospital Board	..	..	..	..	251



Of those born at home, the number nursed entirely at home was 107 and of these :

- 4 died within 24 hours.
- 98 survived at the end of one month.

Of the 23 born in Private Nursing Homes :

- 2 died within 24 hours.
- 21 survived at the end of one month.

There has been a further unwelcome rise in the number of premature births. Part of the increase is still probably apparent rather than real and is the result of the greater accuracy of the revised Notification of Birth card.

### Infantile Mortality.

The number of deaths of infants under one year during 1952 was 177 (111 males and 66 females) and of this number 13 or 7.4 per cent were illegitimate. Of the total deaths, 87 occurred in the Urban Districts and 90 in the Rural Districts. The infantile mortality, i.e. the number of deaths under one year per 1,000 live births, for the Administrative County was 25.8 compared with 27.9 in 1951. The infantile mortality rate in the Urban Districts was 25.1 and in the Rural Districts 26.6. Table I shows the number of infantile deaths with rates per 1,000 births for each district in the Administrative County, and also full details of infant deaths under 4 weeks old.

It is pleasing to record a further drop in the infantile mortality rate, the present figure being the lowest ever recorded in the County.

### Ophthalmia Neonatorum.

	<i>Domiciliary confinements</i>	<i>Institutional confinements</i>
No. of cases notified .. ..	3	—
No. of cases removed to hospital ..	—	—
No. of cases nursed at home ..	3	—
No. of cases where vision was unimpaired .. ..	3	—
No. of cases where vision was impaired ..	—	—
No. of cases where vision was lost ..	—	—
No. of cases where patient died ..	—	—

### Pemphigus Neonatorum.

One case was recorded.

### **Puerperal Pyrexia.**

28 cases of puerperal pyrexia were notified during the year. 10 of these occurred in institutions and 18 were domiciliary confinements. None of the latter was removed to hospital for treatment.

### **Maternal Deaths.**

During 1952 there occurred in the Administrative County 7 deaths as a result of childbirth. This represents a rate of 1.02 per 1,000 live births, which should be compared with the rate of 0.72 for England and Wales.

### **Registration of Nursing Homes.**

Under Sections 187-194 of the Public Health Act, 1936, one Nursing Home has been registered for 3 beds (medical convalescence) during the year. The total number of Homes on the register at the end of the year was 47, providing 90 maternity and 483 other beds. This excludes the Borough of Torquay, to whom all functions under the above Sections were delegated.

Regular inspections are made of Nursing Homes for the purpose of ensuring that the By-Laws made by the County Council under the Act have been duly observed.

### **Nurseries and Child-Minders Regulation Act 1948.**

During the year two applications for registration of premises as Day Nurseries were received for 38 children, and the number on the register at the end of the year was 6, providing for 118 children.

No applications were received from persons desiring to register as Child-Minders. There is one only in the County registered for 10 children.

### **Nurses Acts 1919-1945.**

Four applications for renewal of licences to carry on agencies for the supply of nurses, under these acts, were received during the year, and renewals granted. In addition, 1 new registration was granted for 6 resident nurses.

### **Child Life Protection.**

The Health Visitors continue to visit the homes and submit reports on all cases under the Children's Act and any homes where children are to be fostered. The number of visits by Health Visitors under this Section was 787.

**TABLE V.**  
**M. AND C.W. DENTAL STATISTICS, 1952.**

(a) Numbers provided with dental care.

	No. Exam- ined.	No. Needing Treatment.	No. Treated.	Attend- ances.	No. made dentally fit.
Expectant and Nursing Mothers ..	172	196	215	515	86
Children under five ..	408	301	446	446	185

(b) Forms of Treatment provided.

	Extractions	Anaesthetics		Fillings.	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio- graphs.	Artificial Dentures Provided	
		Local	General						Complete.	Partial.
Expectant and Nursing Mothers ..	335	40	61	195	61	2	159	15	30	20
Children under five ..	253	21	114	137	16	76	87	—	—	—

TABLE V.

Date	Time	Location	Weather	Wind	Sea
1944	10/10	10/10	10/10	10/10	10/10
1944	10/11	10/11	10/11	10/11	10/11
1944	10/12	10/12	10/12	10/12	10/12
1944	10/13	10/13	10/13	10/13	10/13
1944	10/14	10/14	10/14	10/14	10/14
1944	10/15	10/15	10/15	10/15	10/15
1944	10/16	10/16	10/16	10/16	10/16
1944	10/17	10/17	10/17	10/17	10/17
1944	10/18	10/18	10/18	10/18	10/18
1944	10/19	10/19	10/19	10/19	10/19
1944	10/20	10/20	10/20	10/20	10/20
1944	10/21	10/21	10/21	10/21	10/21
1944	10/22	10/22	10/22	10/22	10/22
1944	10/23	10/23	10/23	10/23	10/23
1944	10/24	10/24	10/24	10/24	10/24
1944	10/25	10/25	10/25	10/25	10/25
1944	10/26	10/26	10/26	10/26	10/26
1944	10/27	10/27	10/27	10/27	10/27
1944	10/28	10/28	10/28	10/28	10/28

### Family Planning and Birth Control.

The Devon County Council make a grant to the Women's Welfare Association, which is a branch of the Family Planning Association. The number of cases seen under the Devon County Council's arrangements was 149 new cases and 702 continuation cases, as compared with 161 and 668 in 1951.

## NATIONAL HEALTH SERVICE ACT, 1946.

### SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

#### Ante- and Post-Natal Clinics.

At the end of the year there was 1 Ante-Natal Clinic, with a doctor in attendance. This was at Barnstaple. In addition, in conformity with the suggestion of the Ministry of Health, every encouragement has been given to the formation of Midwives' Ante-Natal Clinics in areas where domiciliary midwifery justifies the project. These clinics are run not only for carrying out examinations, but also for educational purposes in the spreading of advice on maternal and child care by means of talks and discussion groups. The Health Visitors are attending at some of these sessions.

The following 9 centres are under the direction of the local midwives :—

Barnstaple, Exmouth, Newton Abbot, Paignton, Plympton, Sidmouth, South Molton, Tavistock, Torquay.

The total attendances recorded during the year were :—

<i>Sessions</i>	<i>No. of Women attending.</i>	<i>No. of attendances.</i>	<i>No. of New Cases.</i>
1,440	1,515	4,052	811

#### Maternity Outfits.

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and arrangements have been made throughout the County for outfits to be obtained on application to the local District Nurse/Midwife. The number issued during the year was 2,959.

#### Dental Treatment. J. Fletcher, L.D.S., Senior County Dental Officer.

As the Dental Treatment has been surveyed in detail earlier in the report, the following is restricted to statistics relating to the work of the Dental Officers.

In addition to the main statistics in the table, 23 dental estimate forms were issued to mothers in areas where no County Clinic was available, for them to take to any general dental practitioner whom they might choose. 15 of these forms were returned, involving 77 extractions, 50 fillings, 4 radiographs, and 12 partial and 6 complete artificial dentures. Only 4 were completed and returned for payment during the year, but the remainder, which in most cases involved lengthy treatment, will presumably be completed in due course. The total cost to the County of these 15 cases will, on completion, be £128 12s. 3d., an average of £8 11s. 6d. per case.

### **Care of Unmarried Mothers and their Children.**

Unmarried mothers and their children are cared for by arrangement with the Diocesan Council for Moral Welfare Work, to whom a grant is made by the County Council, who, in addition, pay travelling expenses of eight workers engaged on cases referred by the County Medical Department. During this period the number of cases dealt with was 154 and of these 14 were admitted to St. Olave's and 13 to Dunmore Mother and Baby Homes, for which the County Council contributed for maintenance on a case basis.

Concern is felt regarding the number of young women who are having two, three or four illegitimate babies in rapid succession. It is felt that one important factor lies in the ease with which babies are placed for adoption. Often this is in part due to the girl and her baby being without a home to return to after the confinement and so being only forced to part with her child. It is doubtful whether some of these adoptions are even in the interests of either the child or the adoptive parents, but it is clear that for the young mother herself the loss of the potential stabilising effect of keeping her child can be seriously adverse.

### **Maternity and Child Welfare Centres.**

There were 75 Centres in the County at the end of the year, all of which are now administered by the County Council. The majority have Voluntary Committees to assist in running them, and in outlying rural areas transport is provided to convey mothers and children to the nearest Centres. During the year 2 new centres were opened at Torquay (Shiphay) and Roborough, and 1 was closed (Ugborough).

At most Welfare Centres facilities are given for the distribution of welfare foods to mothers attending the Centres, under the Ministry of Food Scheme.



The numbers of attendances recorded during the year at the 75 Centres were as follows :—

Total sessions held .. .. .	2,623
Total attendances by mothers .. ..	68,979
Total attendances by infants under 1 year ..	47,319
Total attendances by children aged 1/5 years ..	31,301
Total number of infants on Register at end of year ..	3,181
Total number of children aged 1/5 on Register at end of year .. .. .	7,310

Though during the year there has been a slight drop in the number of infants attending the Child Welfare Centres, it is important to note that, though a large part of the more rural areas of the County is without these facilities, 47% of all children under 1 year are attending a Child Welfare Centre, but this percentage falls steeply once a child has attained its first birthday. This is unfortunate as many defects only appear after walking is established. The low figure is partially due to the high attendances and resultant crowding at the urban clinics, in many of which the number of sessions should be increased, though at present this is not possible because of the staffing position in regard to health visitors. In a few of the smaller centres a start has been made by inviting specific groups of toddlers to a definite session at which they will all be seen not only by the health visitor but also by the Medical Officer for a full check-over.

The relatively high percentage of babies attending is a sure indication of the interest of the individual mother in advice of a preventive nature in the upbringing of her family.

Full details of the Centres are given in the accompanying Table with the days on which sessions are held.

Alphington ..	Council School, Alphington ..	2nd & 4th Wed.
Appledore ..	Appledore Hall ..	2nd & 4th Fri.
Ashburton ..	Grammar School, Ashburton ..	2nd & 4th Tues.
Axminster ..	Plaza Cinema, Axminster ..	1st & 3rd Thurs.
Axminster ..	Millway Rise, Axminster ..	1st & 3rd Wed.
Bampton ..	Gospel Hall, Bampton ..	2nd & 4th Tues.
Barnstaple ..	113 Boutport St., Barnstaple ..	Tues. & Thurs.
Bideford ..	Parish Church Inst., Bideford ..	Tues. & Thurs.
Bovey Tracey ..	Wickham Hall, Bovey Tracey ..	2nd & 4th Tues.
Braunton ..	Parish Hall, Braunton ..	1st & 3rd Thurs.
Brixham ..	Church House, Bolton St., Brixham ..	Tuesdays
Broadclyst ..	Girl Guides Room, Broadclyst ..	1st & 3rd Wed.
Buckfastleigh ..	Congregational Sch., Buckfastleigh ..	2nd & 4th Wed.
Budleigh Salterton ..	Church Inst., Budleigh Salterton ..	1st & 3rd Wed.
Chagford ..	Women's Inst., Chagford ..	1st & 3rd Tues.
Chudleigh ..	Old School, Chudleigh ..	1st & 3rd Tues.
Chulmleigh ..	Congregational Rooms, Chulmleigh ..	2nd & 4th Tues.
Colyton ..	Youth Club, High St., Colyton ..	Tuesdays
Combe Martin ..	Baptist Lecture Rooms, Combe Martin ..	2nd & 4th Tues.

Crediton ..	..	Newcombes, Crediton ..	..	Thursdays
Cullompton ..	..	Parish Rooms, Cullompton ..	..	1st & 3rd Tues.
Dartmouth ..	..	New Centre, Mayors Ave., Dartmouth ..	..	Thursdays
Dawlish ..	..	The Knowle, Dawlish ..	..	Weds.
East Portlemouth ..	..	Village Hall, E. Portlemouth ..	..	3rd Tues.
Exmouth ..	..	St. Clements, Exeter Road, Exmouth ..	..	Weds. & Fri.
Fremington ..	..	Parish Hall ..	..	2nd & 4th Weds.
Hartland ..	..	Women's Inst., Hartland ..	..	1st & 3rd Fri.
Holsworthy ..	..	Chapel St. Sch. Rooms, Holsworthy ..	..	Wednesdays
Honiton ..	..	10 Mill St., Honiton ..	..	1st & 3rd Wed.
Horrabridge ..	..	Church Rooms, Horrabridge ..	..	1st & 3rd Mon.
Ilfracombe ..	..	4 Market St., Ilfracombe ..	..	Fridays
Ipplepen ..	..	Church Room, Ipplepen ..	..	1st & 3rd Tues.
Ivybridge ..	..	Methodist Church Hall, Ivybridge ..	..	2nd & 4th Thurs.
Kenton ..	..	School Rooms, Kenton ..	..	2nd & 4th Tues.
Kingsbridge ..	..	Greenhill, Kingsbridge ..	..	Wed. (except 1st)
Kingskerswell ..	..	Public Hall, Kingskerswell ..	..	2nd & 4th Thurs.
Kingsteignton ..	..	Conservative Club, Kingsteignton ..	..	2nd & 4th Fri.
Lypstone ..	..	The Cottage, Lypstone ..	..	2nd & 4th Weds.
Lynton ..	..	Jubilee Hall, Lynton ..	..	1st & 3rd Wed.
Morchard Bishop ..	..	Parish Hall, Morchard Bishop ..	..	1st & 3rd Tues.
Moretonhampstead ..	..	Methodist Church Schoolrooms, Moretonhampstead ..	..	2nd & 4th Mon.
Newton Abbot ..	..	21 Courtenay Pk., Newton Abbot ..	..	Wed. & Thurs.
Northam ..	..	Church Hall, Northam ..	..	1st & 3rd Fri.
Okehampton ..	..	Methodist Rooms, Okehampton ..	..	Thursdays
Ottery St. Mary ..	..	Parish Church Hall, Ottery St. Mary ..	..	Thursdays
Paignton ..	..	The Whim, Midvale Rd., Paignton ..	..	Tues & Thurs.
Plymstock ..	..	Pomphlett Meth. Room, Plymstock ..	..	Thursday
Plympton ..	..	Congregational Sch., Plympton ..	..	Tuesdays
Preston ..	..	Baptist Hall, Preston ..	..	Wednesdays
Princetown ..	..	H.M. Prison, Princetown ..	..	2nd & 4th Wed.
Roborough ..	..	Recreation Hut ..	..	1st & 3rd Thurs.
Salcombe ..	..	Cliff House, Salcombe ..	..	1st & 3rd Wed.
Seaton ..	..	Women's Institute, Seaton ..	..	2nd & 4th Thurs
Sidford ..	..	Reading Room, School Street, Sidford ..	..	2nd & 4th Weds.
Sidmouth ..	..	Woolacombe House, Sidmouth ..	..	Fridays
South Brent ..	..	Church Hall, South Brent ..	..	1st & 3rd Tues.
South Molton ..	..	99 East St., South Molton ..	..	Thursdays
Stoke Gabriel ..	..	Mens Club, Stoke Gabriel ..	..	1st & 3rd Thurs
Tavistock ..	..	Parish Church Hall, Tavistock ..	..	Fridays
Teignmouth ..	..	St. James Rooms, Teignmouth ..	..	Mondays
Tiverton ..	..	Rock Close, St. Andrew Street, Tiverton ..	..	Wednesdays
Tiverton Rural ..	..	Rock Close, St. Andrew Street, Tiverton ..	..	3rd Tues.
Topsham ..	..	Memorial Hall, Topsham ..	..	2nd & 4th Thurs
Torquay ..	..	Methodist Church Sch., Market Street, Torquay ..	..	Tuesdays
Torquay ..	..	Barton School Clinic, Torquay ..	..	Wednesdays
Torquay ..	..	Belgrave Cong. Ch., Tor Hill Road Torquay ..	..	1st & 3rd Fri.

Torquay .. ..	Furrough Cross Cong. Church, Babbacombe .. ..	Thursdays
Torquay .. ..	Watcombe Community Centre ..	Mondays
Torquay .. ..	Church Hall, Shiphay .. ..	2nd & 4th Fri.
Torrington ..	Church House, Torrington .. ..	1st & 3rd Thurs.
Totnes .. ..	Borough Park, Totnes .. ..	1st, 3rd & 5th Mondays
Turnchapel ..	Chapel Rooms, Turnchapel .. ..	1st & 3rd Fri.
Ugborough (to 31.7.52)	Reading Room, Ugborough .. ..	2nd Tues.
Whimble .. ..	The Shack, Slewton, Whimble ..	1st & 3rd Thurs.
Winkleigh ..	Village Hall, Winkleigh .. ..	1st & 3rd Mon.
Woolacombe ..	Methodist Hall, Woolacombe ..	2nd & 4th Wed.
Yealmpton ..	Chapel Rooms, Yealmpton .. ..	2nd & 4th Tues.

### Day Nurseries.

On the 1st January, 1952, the Council had two Day Nurseries, at Barnstaple and Bideford. The Minister gave consent to the closure of these Nurseries on the 31st July, 1952, on the understanding that the Council would take steps to ensure that provision was made for the care of any mothers or children who might be in need of such care as a result of the closing of the Nurseries. The Council were able to arrange for the Bideford Nursery to be taken over as a private Day Nursery as from the 1st August. Barnstaple continued to run on a reduced staff for priority cases only, there being seven children on the Register at the end of the year.

### SECTION 23—MIDWIFERY.

Under this Section the total staff employed by the County Council on Midwifery and Home Nursing was as follows :—

- 1 County Nursing Superintendent.
- 1 Deputy County Nursing Superintendent.
- 2 Assistant Nursing Superintendents.
- 1 Superintendent of Midwifery Training Home, Torquay.
- 153 Full-time joint Midwives and General Nurses of which  
20 are County Staff Sisters.
- 12 General Nurses.
- 5 Full-time Midwives.

Headquarters staff consists of a County Nursing Superintendent ; a Deputy County Nursing Superintendent and two Assistant Nursing Superintendents, one living at Northam and covering the north of the County, and the other at Kingsbridge and covering the south of the County.

The following duties were carried out by the Headquarters Staff during the year :—

Inspections of Midwives .. ..	286
Inspections of Nurses .. ..	289
Special visits .. ..	278
Days on Relief Duty .. ..	10
Investigations under C.M.B. Rules ..	275

Meetings attended .. .. .	238
Interviews and other Visits .. .. .	97

In the County the work is carried out by the 158 domiciliary midwives employed by this authority, 5 being engaged on whole-time midwifery duties and the remaining 153 undertaking combined midwifery and home nursing duties. During the year the following attendances were made :—

	<i>As Midwives.</i>	<i>As Maternity Nurses.</i>
Cases in which Gas and Air administered .. .. .	1,316	582
Pethidine .. .. .	566	368
Visits made .. .. .	35,524	19,771
Ante-natal home visits .. .. .	28,742	
Attendances at Ante-natal clinics .. .. .	2,511	
Miscarriage visits .. .. .	1,651	
Post-natal visits .. .. .	3,794	

#### Analgesics.

The total number of Midwives in the County qualified to administer analgesics was 161, and analgesics were administered by D.C.C. Midwives in 1,316 domiciliary cases. The number of County Midwives qualified to administer analgesics was 149 and 141 sets of apparatus were in use at the end of the year, compared with 142 qualified the previous year with 135 sets of apparatus.

#### Midwives Acts 1902-1936.

Under the Midwives Acts the number of maternity cases attended by Midwives in the County was :—

	<i>Domiciliary Cases.</i>		<i>Cases in Institutions.</i>		<i>Total.</i>	
	<i>As Mid- wives.</i>	<i>As Mat'y Nurses</i>	<i>As Mid- wives.</i>	<i>As Mat'y Nurses</i>	<i>As Mid- wives.</i>	<i>As Mat'y Nurses</i>
Midwives employed by Local Authority .. .. .	1,925	811	—	—	1,925	811
Midwives employed by Hospital Management Committees .. .. .	—	—	—	3,106	—	3,106
Midwives in private practice .. .. .	31	42	138	330	169	372
TOTAL .. .. .	1,956	853	138	3,436	2,094	4,289

### Notifications of Intention to Practice.

During the year the following notifications of Intention to Practice were received :—

Devon County Midwives	..	..	185
Hospital and Institutional Midwives	..	..	132
Private Midwives	..	..	106
			—
TOTAL	..	..	423
			—

### Motor Conveyance.

- 147 Midwives are supplied with cars and 1 with an autocycle.
- 28 Midwives use their own cars.

### Equipment.

All Midwives in the County are supplied with Midwifery bags (2) and a general nursing bag, and in addition some of the nurses have a loan cupboard to supply patients with all the necessary equipment for home nursing. 141 sphygmomanometers and stethoscopes were in use at the end of the year.

### Post Graduate Courses.

During the year 16 Midwives attended Post Graduate Courses under the County Council training arrangements.

### Notifications under C.M.B. Rules.

During the year the following notifications were received :—

Maternal Deaths	..	..	..	3
Infant Deaths	..	..	..	59
Stillbirths	..	..	..	84
Artificial Feeding	..	..	..	517
Requesting Medical Aid	..	..	..	580
Liability to a source of infection	..	..	..	142
Puerperal Pyrexia	..	..	..	77

### Fees paid to Medical Practitioners.

During the year 11 claims were received from practitioners for services rendered under the Emergency Medical Service of the Midwives Act, 1936, as compared with 4 in 1951.

Medical Aid was requested in 580 cases and of these 541 were in respect of patients booked by doctors under the National Health Service Act, 1946.

### Part II Training Home.

The Part II Training Home at Thurlow House, Torquay, has trained 8 pupils during the year.

### Provision for Maternity Care.

#### *Institutional Accommodation.*

Arrangements for the institutional accommodation of women who were found to have an abnormal condition, having unsuitable



accommodation for confinement at home, suffering from puerperal fever or pyrexia or suffering from venereal disease are made by the Regional Hospital Board.

#### *Consultant Services.*

The Regional Hospital Board make arrangements for consultants to see patients at hospitals, maternity homes and in their own homes, at the request of the medical practitioner. The services of a Consultant may be obtained by any general medical practitioner applying direct to the nearest hospital.

### SECTION 24—HEALTH VISITING.

The number of Health Visitors on the County staff at December 31st was 40, and the County is divided so that each Health Visitor has her own area. They provide their own cars and receive the County Council allowance for travelling. In addition to their duties as Health Visitors, they are employed as School Nurses, the proportion of time allocated being 70% health visiting and 30% school nursing.

The establishment has increased from 42 to 44, but this still leaves many areas in which the individual Health Visitor is quite unable to fulfil the multiplicity of duties assigned to her. General Practitioners appear to be becoming more aware of the Health Visitor's specialised training in social work and there has been a very marked increase in requests from practitioners for the Health Visitor to visit the families that present some variety of social trouble or problem.

A large proportion of the Health Visitors still have to act as Local Home Help Organisers and are doing excellent work in this particular field.

The total visits to children under one year show a very considerable increase and this is, in the main, due to the special supervision that is being undertaken in regard to the premature baby.

A summary of the work undertaken by the Health Visitors during 1952 is as follows :—

	<i>Expectant Mothers</i>	<i>Children</i>		<i>Other Classes.</i>
		<i>Under 1 year</i>	<i>1—5 years</i>	
1st Visits ..	1,213	6,915	249	—
Total Visits ..	3,131	41,837	49,530	4,363

#### **Post Graduate Courses.**

During the year 6 Health Visitors attended Post Graduate Courses.



## SECTION 25—HOME NURSING.

It is the duty of the local health authority to provide nurses to attend persons who require nursing in their own homes.

There are 12 whole-time home nurses, 6 part-time, and 153 who combine home nursing and midwifery duties. The number of cases attended during the year was 18,511 general cases, and the number of visits paid was 294,304.

Applications for their services may be received from :—

- (1) *Doctors*, for treatment that has to be carried out at home or for patients who are confined to bed and need nursing care and attention.
- (b) *Hospital Almoners*, for patients who need dressings or nursing care after being discharged from hospital.
- (c) *Patients*, who need advice, or to be referred to a doctor.

### Post Graduate Courses.

Six nurses have attended post graduate courses during the year.

## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Under this Section, local health authorities may, with the approval of the Minister, make arrangements for the prevention of illness, and for the care and after-care of sick or mentally defective persons, and are required to make arrangements to such extent as the Minister directs. At present, the Minister has only issued directions that arrangements be made by local health authorities for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from tuberculosis. Local health authorities are also required to consider the desirability of making arrangements under Section 28 with regard to persons suffering from any other kind of illness.

In accordance with the directions of the Minister of Health, arrangements have been made for the care and after-care of tuberculous persons to be undertaken by Specialists at the Chest Clinics (whose services are now shared by the Local Health Authority and the Regional Hospital Board), the Health Visitors and Occupational Therapists.

Details of the work undertaken under this Section are given earlier in the report under "Tuberculosis".

### Equipment.

During the year, numerous requests have been received from patients discharged from hospital, for the loan of equipment under this Section of the Act. Whenever possible, loans have been made

from the central loan depot at my office or from the loan cupboards held by some of the District Nurses. It is hoped that, in time, each District Nurse will have a loan cupboard containing a standard set of equipment, but at the moment, financial economies do not permit the purchase of the necessary equipment. The main items loaned during the year have been air-water beds and Dunlopillo mattresses, for the use of paraplegics and crutches for the use of persons who have been discharged from hospital.

### **Occupational Therapy.**

In previous years, the Occupational Therapy Service for tuberculous patients has been operated by St. Loyes College, Exeter, on an agency basis. In March of this year, the County Council decided to operate its own service and to expand it to include non-tuberculous patients, and subsequently, a staff consisting of one Head Occupational Therapist and two Assistant Occupational Therapists, all of whom are fully qualified, have been appointed.

#### *Tuberculous Patients.*

When the service was commenced, 87 cases were taken over from St. Loyes College, Exeter, and by the end of the year, a further 87 cases had been referred for Therapy, from the Chest Physicians, Health Visitors, District Nurses, and the British Red Cross Society. Of these cases:—

- 11 were admitted to sanatoria,
- 3 left the County,
- 2 returned to school,
- 19 returned to employment,
- 8 died,
- 5 left under Government training schemes.

The total number of tuberculous cases under treatment at the end of the year was 126.

#### *Non-Tuberculous Patients.*

By means of a circular letter to Medical Practitioners, Almoners of Hospitals and other bodies, the names of 67 non-tuberculous cases were submitted for inclusion in the scheme. Of these cases:—

- 1 was admitted to hospital,
- 1 left the County,
- 5 died,
- 2 left to attend Government rehabilitation centres,
- 2 were placed in industry,
- 2 terminated treatment at the request of their Medical Practitioners.

The total number of non-tuberculous cases at the end of the year was 54.

Although a diversity of crafts has been taught, there has been a decided trend to adhere to the more utilitarian handicrafts such as, basketry, leather work, lampshade making, and dress-making, in preference to jewellery, lace-making and embroidery.

Close co-operation has been established with the Mount Gold Hospital, Plymouth, and the Princess Elizabeth Orthopaedic Hospital, Exeter, and I am now informed of all cases requiring Occupational Therapy as soon as they leave these hospitals. The children referred presented a problem, as they invariably had to be seen after school hours, but with the co-operation of the parents, they have been given crafts at which they work for an allotted time daily after school.

Several cases were helped to find work and 11 cases were introduced to the preparatory training school scheme and procured courses in secretarial work, shorthand, typewriting, dress-making retail salesmanship, scholastic work for general schools examination, commercial art, and architectural draughtsmanship. One patient, trained in basketry whilst sick, was placed with a commercial firm, and in view of his previous training, was able to reduce his apprenticeship by two-thirds.

There appears to be a marked reluctance, in some cases, to register as Disabled Persons, but this has been partially overcome when the Occupational Therapists have offered to accompany the disabled persons to the Ministry of Labour offices.

### **Library Facilities.**

To prevent tuberculous patients from using the public libraries, arrangements have been made with the British Red Cross and St. John organisations for the use of the special library facilities provided by them for tuberculous persons.

### **B.C.G. (Bacillus Calmette-Guerin) Vaccination.**

The scheme of B.C.G. vaccination has continued, and the following details have been provided by the Chest Physicians.

*Exeter Area—Dr. G. E. Adkins.*

During the course of the year, 63 children, 1 adult, and 66 nurses, were vaccinated.

*Torquay Area—Dr. W. E. B. Lloyd.*

A total of 80 B.C.G. vaccinations were carried out at the clinic during 1952. 70 children were vaccinated of which 59 converted to tuberculin positive, 2 were still negative at the end of 1952 (but have since converted) and 9 had not been retested by the end of last year. 10 nurses were vaccinated and all converted to tuberculin positive.

*Plymouth Area—Dr. J. C. Mellor.*

During the year, 80 children were vaccinated.

*Barnstaple Area—Dr. A. J. McMillan.*

35 children were vaccinated, together with 7 nurses and 1 member of the staff at Hawley. All of the 43 vaccinations became Mantoux converted.

### MASS RADIOGRAPHY SERVICE.

The two Mass Miniature Radiography Units from Bristol and Plymouth, operated by the South Western Regional Hospital Board, have attended various areas in the County during the year. The response to their appeal for volunteers has been very satisfactory and a considerable number of X-rays were carried out. These attendances were assisted wherever possible by the co-operation of the Assistant County Medical Officers, Health Visitors and District Nurses on my staff.

I should like to express my appreciation to the Hospital Board for taking the Unit, at my request, to Schools where tuberculosis among children or staff had been found.

There is no doubt that visits of these Units are of great assistance not only in diagnosing cases in the early stages but in generally increasing the public awareness to the dangers of this disease and encouraging them to come forward for examination, and every effort will be made by my Department to afford every facility in this direction.

I am indebted to the Medical Directors of the two Units for the following information regarding their visits in the administrative county.

*The Plymouth Unit—Dr. G. Sheers.*

The following figures summarise the work of this Unit in the county of Devon in the year ended 31st December, 1952.

No. of Persons Examined			Incidence of Active Pulmonary Tuberculosis		
Male	Female	Total	Male	Female	Total
3213	3359	6572	8 (.25%)	9 (.27%)	17 (.26%)
<i>Visits were paid to the following centres:</i>			<i>No. examined</i>		
Moorhaven Mental Hospital ..			..	..	711
Barton School, Torquay (contacts) ..			..	..	371
Totnes ..			..	..	1611
Stover Polish Hostel ..			..	..	563
Bideford, Stella Maris Convent School (contacts) ..			..	..	85
Budleigh Salterton ..			..	..	777
Topsham (intensive survey) ..			..	..	2281
Lapford (Ambrosia Milk Factory) ..			..	..	120
Tavistock (granite masons) ..			..	..	53

In addition to these, many county residents were examined during surveys in Plymouth and Exeter.

The visit to Topsham was to carry out an intensive survey on the whole of the population of the parish. In conjunction with the Assistant County Medical Officers, Health Visitors and District Nurse and other members of the County Medical Department, full-scale propaganda including door to door canvassing was carried out with the object of obtaining the attendance of the whole of the population. Special arrangements were made to include school children living in Topsham who attended school at Exmouth and Exeter. A special analysis of the response shows that approximately 66% of the population of the parish was examined. Very little in the way of infectious cases of tuberculosis was found, but there were a number who needed further observation. The response at Topsham was very much higher than anything we have achieved before in this kind of survey, and I think that the hard work put in by the Health Visitors deserves acknowledgment.

*The Bristol Unit—Dr. P. Hollis.*

The following figures summarise the work of this Unit in the county of Devon in the year ended 31st December, 1952.

<i>No. of persons examined</i>			<i>Incidence of Active Pulmonary Tuberculosis</i>		
<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
3985	2645	6630	4 (.10%)	6 (.23%)	10 (.15%)

## SECTION 29—DOMESTIC HELP. (Home Help Service).

Under this Section of the Act the County Council is given authority to provide domestic help for "households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age within the meaning of the Education Act 1944," and "may, with the approval of the Minister, recover from persons availing themselves of the domestic help so provided such charges (if any) as the Authority consider reasonable, having regard to the means of those persons."

Arrangements are made with the Women's Voluntary Services to provide a Home Help Service in the County and during the year, as part of the expansion programme, the Women's Voluntary Service took over the Borough of Okehampton and Urban District of Budleigh Salterton.

In the same period, provisional arrangements were being made by the W.V.S. to expand the service to a number of other urban



areas, and at the end of the year, the areas covered by the W.V.S. Home Help Service were as follows:—

Axminster (Urban & Rural)	Honiton (Urban & Rural)	Tavistock
Barnstaple	Kingsbridge (Urban & Rural)	Tiverton
Budleigh Salterton	Newton Abbot	
Bideford	Okehampton	Torquay
Brixham	Paignton	Totnes
	(Urban & Rural)	(Urban & Rural)
Dartmouth	Seaton	

The remainder of the County area is covered by application direct to the Medical Department and referred to the Health Visitors and District Nurses for supervision.

In October 1952, Miss Bryan commenced her work as County Home Help Organiser. It is proposed that gradually the two systems by which Home Helps are allocated to households through the W.V.S. and through the Health Visitors or District Nurses will be co-ordinated to produce a unified organisation. The W.V.S. are responsible for the greater part of the heavy task of local administration and this is particularly so in the more urban districts. In two or three areas the increased calls on the service are becoming beyond the available time of voluntary workers. I should like at this point to express my appreciation of the work of all the local voluntary organisers of the W.V.S., with the realisation too of the long hours they have put into this service irrespective of the inconvenience often caused to their own domestic life.

On the 31st December, 3 full-time and 203 part-time Home Helps were employed by the County Council, and all other Home Helps were engaged on a case basis.

During the year the following 1,348 cases have been dealt with:—

	<i>Maternity</i>	<i>Tuberculosis</i>	<i>Other</i>	<i>Total</i>
Areas operated by W.V.S. ..	159	29	779	967
All other areas .. ..	249	21	111	381
TOTALS ..	408	50	890	1,348

## SECTION 26—VACCINATION AND IMMUNISATION.

### Vaccination against Smallpox.

As from the 5th July, 1948, the Vaccination Acts which made vaccination compulsory ceased to operate, but the provision of



vaccination facilities became the responsibility of the Local Health Authority.

During the year the vaccinations undertaken are as set out below:—

	<i>Under 1 year</i>	<i>Over 1 year</i>	<i>Re- vaccination</i>	
Undertaken by Assistant County Medical Officers	655	67	10	} = 5,479
Undertaken by General Practitioners .. ..	2,508	934	1,305	

### **Diphtheria Immunisation.**

Under the National Health Service Act, 1946, immunisation became the responsibility of the County Council.

The numbers of children dealt with under the Health Committee's scheme were as follows:—

	<i>Primary</i>			
	<i>Pre-School Children.</i>	<i>School Children.</i>	<i>Reinforcing Injections.</i>	
Undertaken by Assistant County Medical Officers	1,643	483	8,134	} = 14,310
Undertaken by General Practitioners .. ..	3,195	191	664	

## **SECTION 27—AMBULANCE SERVICE.**

### **Statistics.**

The mileage for all transport during the year has been:—

	<i>Miles.</i>	<i>Journeys.</i>	<i>Patients.</i>
Ambulances ..	585,619	30,037	34,571
H.C.S. ..	1,172,845	37,153	56,033
Hired Cars ..	26,916	1,817	2,080

606 patients were carried by rail.

### **Survey.**

For further particulars of this service, please refer to the Survey earlier in the report.

## **SECTION 51—MENTAL HEALTH SERVICE.**

The duties of the Local Authority under the National Health Service Act, 1946, concerning mental health are:—

“**Mental Treatment.** The appointment of officers duly authorised to take initial proceedings in providing care and treatment for persons suffering from mental illness (Sections 14, 15, 16 and 20, Lunacy Act, 1930, as amended by the National Health Service Act, 1946).

**Mental Deficiency.** The duty of ascertaining what persons in the area are defectives; providing suitable supervision or taking steps to secure that the defectives are placed under institutional care or guardianship; and securing training or occupation for those not in institutions. (Sections 30 (a) (b), (c.c.), and (d), Mental Deficiency Acts, 1913-1938).

**Generally.** The power, and, to the extent that the Minister directs, the duty to make arrangements for the Prevention of illness, care and after-care of persons suffering from mental illness or defectiveness. (Section 28, National Health Service Act, 1946)."

In accordance with the Ministry of Health Circular this report should include information on the following matters:—

(i) *Administration.*

(a) Constitution and meetings of Mental Health Sub-Committee.

The Mental Health Sub-Committee consists of 12 members of the Health Committee being members of the County Council and 3 persons nominated by the Devon and Exeter Association for Mental Health. Meetings are held as and when required.

(b) Number and qualifications of staff employed in the Mental Health Service (Medical Officers and Social Workers, Duly Authorised Officers, Occupation Centre Supervisors, Home Teachers, Child Guidance Clinic staff, etc.).

*Medical Adviser in Mental Health.*

Christina J. McLeay, M.B., C.R.B. (Edinburgh).

*Psychologist.*

Miss E. Yeo, M.A. (Oxon.).

*Senior Psychiatric Social Worker.*

Miss S. A. Abley, (Mental Health Certificate).

Terminated her employment 5.7.52.)

Mr. L. H. Jenkins, (Diploma in Social Studies and Mental Health Certificate).

Appointed September, 1952, but not taking up appointment until 1st January, 1953.

*Senior Social Worker in Mental Deficiency.*

Miss J. H. MacMichael.

*Social Workers in Child Guidance.*

Mrs. H. Jaspan, (Diploma Social Studies and Mental Health Certificate).

Appointed 1st September, 1952.

Miss F. M. Dickinson, (Diploma of the School of Sociology).  
Part Time.

*Social Workers in Mental Health and Duly Authorised Officers.*

Mr. G. A. J. Cheesley.	North East Devon.
Mr. N. S. Coombs.	East Devon.
Mr. W. J. Gliddon.	Torbay.
Mr. J. W. Stacey.	Newton Abbot.
Miss M. Pennington (Diploma of Social Science Birmingham University).	East Devon.
Mr. D. J. Winter.	North West Devon.
Mr. H. S. Smith.	South West Devon.
Miss A. Griffin. (Diploma in Social Studies Nottingham University).	North Devon.
Miss O. F. Evans.	South Devon.

*Trainee Social Worker in Mental Health.*

Mr. D. L. Rugg, (Diploma in Social Administration, University College of the South West, Exeter).

*Home Teachers.*

Miss B. M. Dunstan.	South Devon.
Miss M. A. Bartlett.	Mid and East Devon.
Miss D. Chesnutt.	North Devon.

*Occupation Centre Supervisors.*

Mrs. E. V. Adams.	Barnstaple (Resigned 31.12.52).
Mrs. W. Ball.	Torquay.
Miss J. Lean (Acting).	Plymstock.

*Occupation Centre Assistant Supervisors.*

Miss M. Adams.	Barnstaple. (Resigned 31.12.52).
Miss M. Kenneally.	Torquay.
Mrs. E. Lean.	Plymstock.

Miss M. H. Yaxley has been appointed as Supervisor of the Barnstaple Occupation Centre in place of Mrs. Adams, and Miss P. Slee has been appointed as Trainee/Assistant and Guide to take up duties on 2nd February, 1953.

- (c) Co-ordination with Regional Hospital Boards and Hospital Management Committees. (Joint use of officers; supervision of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives, etc.). There are no joint user arrangements as such with the Regional Hospital Boards, and the Hospital Management Committees, but close co-operation continues. As formerly, the Senior Psychiatric Social Worker visits all the Mental Hospitals and Psychiatric Out-Patient Clinics for consultation with the various psychiatrists. Social Histories are supplied by the Social Workers in Mental Health for the use of the Superintendents of the various Mental Hospitals to which Devon patients are admitted, whether in or out county.

Patients leaving hospital "On Trial" are kept in touch with by the Social Workers and reports sent to the hospitals concerned. Copies of reports of the progress of patients after leaving hospital are forwarded to the individual Medical Superintendents. Where desirable, it is arranged for certain patients to be taken to the Psychiatric Out-Patient Clinics.

*Joint usership re Mental Deficiency.*

The Social Workers in Mental Health supervise patients on licence in Devon from Certified Institutions in other hospital groups in the South West Region, but the Royal Western Counties Institution, Starcross, carry out their supervision by their own officers. On behalf of the Royal Western Counties Institution Hospital Group the Local Authority visit the homes of patients whose parents have applied for holiday leave and reports are made on the home conditions. This form of co-operation between the Local Authority and the Institution Hospital Group is of mutual advantage.

- (d) *Duties delegated to Voluntary Associations.*

The Devon and Exeter Association for Mental Health continued to run the Clubs for Mentally Defective women and girls at Barnstaple and Bideford, and a grant of £150 was made towards the cost. The Minister of Health gave his approval to the County Council making a grant to the Association towards the cost, but discontinued their grant after 30th September, 1952.

- (e) *Whether arrangements have been initiated for the training of Mental Health Workers.*

Mr. D. L. Rugg was appointed Trainee Social Worker in Mental Health and he commenced duties as such on the

1st April, 1951. He attended the University College of the South West, Exeter, two afternoons per week as a Part-time Student for the Diploma in Social Administration. He was successful in obtaining the Diploma on the 1st August, 1952. Mr. Rugg has been given the opportunity to obtain experience in all parts of the work of the Mental Health Section, and has carried out relief and holiday duties for Duly Authorised Officers and Social Workers in Mental Health.

(ii) *Account of work undertaken in the community.*

- (a) Under Section 28, National Health Service Act, 1946 Prevention, care and after-care.
- (b) Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers.

No worker acts only as a Duly Authorised Officer but carries out all duties in connection with community care. The Workers are known as Social Workers in Mental Health.

A considerable number of Voluntary Patients are taken to hospital by the Local Health Authority staff, all of whom have a good working relationship with the general medical practitioners. Wherever possible, the Worker who arranges the admission of a patient is the one who assists in his rehabilitation in the community after treatment.

The Senior Psychiatric Social Worker holds discussions with the other Social Workers about their cases and in advisory cases, all efforts are made to bring the best help to the patient. The co-operation of other Services is often sought where their help would be of assistance.

During the year, by arrangement with the Medical Superintendents of the Mental Hospitals, a greater number of cases were admitted under Sections 20 and 21 of the Lunacy Act, 1890. 134 cases were admitted under Section 20 of which 83% eventually became Voluntary Patients. In addition 11 cases were admitted under Section 21. The number of Voluntary Patients has not greatly differed from the previous year, but more cases would have been admitted voluntarily if the beds had been available, especially on the female side. The number of cases over the age of 65 years admitted to Mental Hospitals for the first time is 72 males and 136 females. This emphasises the necessity of providing adequate provision for the aged who require special care which is not available in their own homes. There were 2468 After-Care visits paid during the year.



- (c) Under the Mental Deficiency Acts, 1913-1938.
- (i) Arrangements for ascertaining mental defectives and statistics as at the end of the year, including number of defectives awaiting vacancies in Institutions at the end of the year.

Mental Defectives are ascertained by the Medical Adviser in Mental Health and the Assistant County Medical Officers who have been approved for this purpose. Cases are brought to our notice by Health Visitors, School Nurses, General Practitioners, Children's Officer, Parents and relations, Probation Officers, and the County Education Department, etc.

The number of Defectives awaiting vacancies in institutions at the end of the year amounted to 45 males and 7 females of which there were 30 boys and 5 girls under the age of 16 years.

- (ii) *Guardianship and Supervision.*

There are 42 patients under Guardianship in the County including 8 belonging to other authorities. There were 9 new cases put under Guardianship during the year and none were discharged from the Order. The cases are visited in accordance with Section 76 (1) of the Mental Deficiency Regulations, 1945, by the Medical Adviser in Mental Health at least once per annum and more often if considered necessary. They are supervised by the Social Workers in Mental Health who visit at least once every quarter. Of these cases six are in situations on licence and are doing well under supervision. There are also 4 Devon patients residing outside the County under Guardianship.

- (iii) *Arrangements for carrying out the Statutory duty to provide occupation and training for defectives in the area.*

There are three Occupation Centres run by the County, one for the Torbay area, one at Barnstaple and one at Plymstock. Until the 31st March, 1952, four Devon children attended the Exeter City Occupation Centre by arrangement with the Exeter City Council. On the 1st April, however, owing to an economy measure no further financial provision was made and we regretfully had to withdraw the children. However, through the kindness of the Regional Hospital Board two of these children living at Exmouth, who were on the waiting list for institutional care, were allowed to attend daily at the Stoke Lyne Institution, Exmouth and join in all the activities and have the training provided for the defective boys in the Institution.



The Occupation Centres cater mainly for the younger age group of defectives. There are no industrial centres for adults so far in the County, but there are one or two defectives over the age of 16 years who still attend the Occupation Centres.

### MENTAL DEFICIENCY ACTS.

The following information indicates the manner in which patients were dealt with during the year:—

Place of Safety Certificates issued .. ..	16
Place of Safety Certificates withdrawn .. ..	1
Total remaining under Place of Safety Certificate ..	Nil.
Petitions presented and Orders made .. ..	51
Discharged from the provisions of the M.D. Acts ..	21
Total number of Mental Defectives who have died ..	6
Total number of M.D. patients transferred .. ..	10
<i>Guardianship Cases.</i>	
Devon County Council (In County) .. ..	34
Devon County Council (Out County) .. ..	4
Belonging to other authorities, residing in the County of Devon and supervised by the County Medical Officer ..	8
Number of cases of all types examined by Dr. Christina J. McLeay, Medical Adviser in Mental Health .. ..	339
On the 31st December, 1952, the total number of cases under Order, including Guardianship cases and patients "on licence" from Institutions, amounted to .. ..	1064
(547 males, 517 females)	
Number of patients placed under Statutory Supervision ..	98
Number of patients removed from Statutory Supervision ..	36
On 31st December, 1952, the total number of patients remaining under Statutory Supervision amounted to .. ..	314
(181 males, 133 females)	
On 31st December, 1952, the total number of patients under Voluntary Supervision amounted to .. ..	312
Total number of visits to all types of defectives .. ..	2739
Number of patients awaiting vacancies in Institutions ..	52
(45 males, 7 females)	
Number of cases attending Occupation Centres:—	
Barnstaple .. ..	17
Plymstock .. ..	11
Torquay .. ..	14
Exeter (until 31.3.52) .. ..	46
Total number of pupils receiving Home Teaching on 31.12.52..	113
Total number of lessons by Home Teachers during the year ..	2019

# CHILD GUIDANCE.

## Attendances at Child Guidance Clinics during the year:—

	<i>Old Cases seen.</i>	<i>New cases seen.</i>	<i>Attendances for re-exam. and treatment.</i>
113, Boutport St., Barnstaple	16	21	12
Bull Meadow Road, Exeter	26	31	470
Castle Road, Torquay ..	83	75	545
*Rowe Street, Plymouth ..	17	11	98
TOTALS ..	142	138	1125

\*By arrangement with Plymouth City Local Health Authority.

Cases under care and treatment in the Hostels for Maladjusted Children on the 31st December, 1952 ..	25
Crichel Hostel, Totnes ..	8
Crownwell Hostel, Shaldon	17
Number of cases examined in the Remand Homes ..	20
Ashburton Remand Home ..	10
Pinhoe Remand Home ..	10

## HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICE REGULATIONS, 1945.

During the year, the following Ascertainment examinations and recommendations, have been sent to the Chief Education Officer, on Form S.H.97/M.H.:—

Educationally subnormal .. .. .	160
Maladjusted .. .. .	13
Number of cases recommended to the Education Committee for Report to the Local Authority:—	
Under Section 57 (3) of the Education Act, 1944	31
Under Section 57 (4) of the Education Act, 1944	1
Under Section 57 (5) of the Education Act, 1944	40
Cases actually reported by the Education Committee to the Local Authority:—	
Section 57 (3) of the Education Act, 1944 ..	32
Section 57 (4) of the Education Act, 1944 ..	1
Section 57 (5) of the Education Act, 1944 ..	35
Cancellations under the Education (Miscellaneous Provisions) Act, 1948 .. .. .	3
On the 31st December, 1952, the number of pupils in Residential Special Schools were .. .. .	63
Bradfield House, Cullompton	56 (Boys)
Courtenay Special School, Starcross	2 (Boys)
Withycombe House, Exmouth	5 (Girls)

## LUNACY AND MENTAL TREATMENT ACTS.

The following information indicates the manner in which patients were dealt with under the Lunacy and Mental Treatment Acts, during the year:—

### *Admissions.*

Certified Cases (Section 16, Lunacy Act, 1890)	..	224
Certified Cases (Private) (Section 16, Lunacy Act, 1890)	..	7
Voluntary Cases (Section 1, Mental Treatment Acts, 1930)	..	343
Voluntary Cases (Private) (Section 1, Mental Treatment Acts, 1930)	..	43
Temporary Cases (Section 5, Mental Treatment Acts, 1930)	..	11
Urgency Cases (Section 11, Lunacy Act, 1890)	..	2
Urgency Cases (Section 20, Lunacy Act, 1890)	..	134
Urgency Cases (Section 21, Lunacy Act, 1890)	..	11
Total admissions to Mental Hospitals	..	775
Total number of visits entailed	..	1354

### *Discharges.*

Discharges from Mental Hospitals	..	535
Deaths in Mental Hospitals	..	163

### *After-Care.*

Number of new cases seen by Social Workers after discharge from Mental Hospitals	..	266
Total number of After-Care visits made during the year	..	2468
Total number of cases receiving After-Care on 31.12.52	..	687

### *Psychiatric Clinics.*

Number of appointments arranged	..	241
Number of patients who actually attended	..	124

### *Advisory Cases.*

Number of cases in which advice has been given	..	535
Visits and interviews entailed	..	724
Number of advisory cases at the end of the year	..	35

## Children Neglected or Ill-treated in their own Homes.

During the year 1952 the Co-ordinating Officer has convened meetings in Exeter, Torquay, Barnstaple and Plympton.

According to the individual cases being discussed, one or more of the officers of the Health Department have attended these meetings. In particular, there have been present the Senior Medical Officer for Maternity and Child Welfare, in addition to the Assistant County Medical Officers and Health Visitors in whose areas the families concerned were domiciled. Representatives of the other Departments of the County Council and various outside bodies such as the Local Housing Departments, the National Assistance Board and the N.S.P.C.C. have also been present.

Certain courses of action were determined upon at these meetings, and arrangements made for a progress report to be presented at subsequent meetings in due course.

At the end of the year the number of "Problem Families" under supervision is 36, all of which are subject to regular visits by the staff of the Medical Department and other officers of the County Council. Progress in some cases appears to be slow, but although set-backs occur from time to time, I am pleased to report that a general improvement continues.

Each case constitutes its own problem and remedies vary according to the particular needs. Here I may say that the use of Home Helps where possible in training the mothers in home management has proved invaluable, and I would also express my appreciation of the work of the County Education Welfare Superintendent in helping to cope with these families.

## 1

**VENEREAL DISEASES.**

I give below figures in respect of Devon cases treated at the V.D. Clinics at Barnstaple, Exeter, Torquay and Plymouth under the jurisdiction of the South Western Regional Hospital Board:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
No. of In-patients admitted ..	23	15	38
No. of In-patients discharged ..	23	15	38
No. of new cases attending Out-patients Department ..	308	169	417
No. of cases discharged from Out-patient Department ..	326	181	507
Total No. of cases attending Out-patients Department on 31st December, 1952 .. ..	709	303	1,012

**WATER AND HOUSING, FOOD AND DRUGS, MILK.****Rural Water Supplies and Sewerage Act, 1944.**

In my report for 1951 I referred to the birth of the East Devon Water Board and to the fact that there are now three Water Boards in the County—the North Devon, the South Devon, and the East Devon. All three Boards have been very active during the year and all have substantial schemes, either in course of construction or awaiting the consent of the appropriate Ministries. This progress is emphasised by the increasing amount of the precept which each Board makes on the County Council. The comparative figures are as follows:—

	1952/53	1953/54
North Devon Water Board	£53,500	£63,500
South Devon Water Board	£31,500	£49,925
East Devon Water Board	£9,850	£14,600

During the year the following schemes were considered by the County Medical Department, and recommendations in each case were made to the appropriate Committee of the County Council:—

### Water Supply Schemes:—

<i>Local Authority.</i>	<i>Parishes or Areas Affected.</i>	<i>Estimated Cost</i>	<i>£</i>
<i>Newton Abbot R.D.C.</i>	Manaton .. .. .	.. .. .	5,915
<i>St. Thomas R.D.C.</i>	Bicton (Yettington) .. .. .	.. .. .	1,300
<i>St. Thomas R.D.C.</i>	Honiton Clyst and Sowton .. .. .	.. .. .	10,825
<i>St. Thomas R.D.C.</i>	Upton Pyne .. .. .	.. .. .	4,400
<i>South Molton Borough</i>	Holywell Reservoir .. .. .	.. .. .	15,096
<i>Tiverton R.D.C.</i>	Hockworthy and Clayhanger .. .. .	.. .. .	7,678

### Sewerage and Sewage Disposal Schemes:—

<i>Local Authority.</i>	<i>Parishes or Areas Affected.</i>	<i>Estimated Cost</i>	<i>£</i>
<i>Axminster R.D.C.</i>	Beer .. .. .	.. .. .	83,310
<i>Axminster R.D.C.</i>	Uplyme .. .. .	.. .. .	37,587
<i>Dawlish U.D.C.</i>			110,340
<i>Great Torrington Borough</i>	(Second Instalment Scheme) .. .. .	.. .. .	23,000
<i>Honiton R.D.C.</i>	Wilmington .. .. .	.. .. .	3,700
<i>Kingsbridge R.D.C.</i>	Beesands .. .. .	.. .. .	10,500
<i>Okehampton R.D.C.</i>	Exbourne .. .. .	.. .. .	7,545
<i>Okehampton R.D.C.</i>	Monkokehampton .. .. .	.. .. .	3,500
<i>Okehampton R.D.C.</i>	Hatherleigh .. .. .	.. .. .	250
<i>St. Thomas R.D.C.</i>	Exminster .. .. .	.. .. .	3,870
<i>St. Thomas R.D.C.</i>	Kenn and Kennford .. .. .	.. .. .	20,335
<i>St. Thomas R.D.C.</i>	Woodbury .. .. .	.. .. .	2,940
<i>Seaton U.D.C.</i>	Scalwell Lane.. .. .	.. .. .	10,890
<i>South Molton R.D.C.</i>	Chulmleigh .. .. .	.. .. .	28,000

The projected trunk sewer in the Culm and Clyst Valleys is still under consideration by the various Local Authorities concerned.

The Department has represented the County Council at all Ministry of Housing and Local Government enquiries into proposed schemes and the visits of inspection made by Ministry Inspectors into the schemes actually in progress or schemes which have been completed.

# RURAL HOUSING SURVEY.—PROGRESS REPORT.

No. of Rural Districts	Total No. of Houses to be Surveyed	R. V. Limit of Houses Within Survey	Total No. of Houses Surveyed to	Classification of Houses Surveyed— No. & percentages					Houses condemned but occupied under licence	Over-crowded houses	Applica-tions for new houses
				i.	ii.	iii.	iv.	v.			
17	43,529	£10—£22	21,963	4882 22%	6308 28%	7876 36%	2189 9.9%	2872 14%	86	81	3374

## Improvement Grants—Housing Act, 1949.

Applications dealt with by R.D.C.

Applications submitted to Regional Office of Ministry.

Received	Approved	Rejected	Under con-sideration	No. sent	No. approved	No. rejected	No. under con-sideration
38	9	28	1	9	3	1	5

The categories i. to v. are defined as follows:—

- Fit in all respects.
- Minor defects.
- Requiring extensive repair or structural alteration.
- \*iv. Appropriate for reconditioning, under the Housing Act, 1949.
- v. Unfit for habitation and beyond repair at a reasonable expense.

\*Houses in this category are also included in categories iii. or v.



## MILK AND DAIRIES REGULATIONS, 1949.

### Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations, 1949.

The County Council became responsible for the licensing of all Pasteurising Plants in the County on the 1st January, 1950, and a considerable amount of work has been done since that date in advising dairymen who were contemplating the installation of the necessary equipment for the pasteurisation of milk. At the end of 1952 fifteen licences were in force, as compared with seventeen at the end of 1951, whilst two other dairymen were contemplating effecting the necessary alterations and improvements to their premises, with a view to obtaining licences.

All licensed premises were regularly inspected by the County Sanitary Officer and samples of milk were submitted for Laboratory examination at very frequent intervals.

Additional checks on the quality of processed milk were afforded by the routine sampling of milk delivered to schools in the County, as a very large proportion of school milk is pasteurised before delivery.

Visits of Inspection to Pasteurising Plants .. .. 523

Number of samples submitted:—

<i>Examination.</i>	<i>Total.</i>	<i>Passed.</i>	<i>Failed.</i>
Phosphatase Test .. ..	1169	1142	27
Methylene Blue Test .. ..	1169	1138	31

Washings of Bottles submitted for bacteriological examination	82	59	23
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Visits to schools and farms in connection with school milk supplies .. ..	..	..	1,927
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### Milk in Schools Scheme.

During the year the herds of producers supplying milk under this scheme have been examined quarterly and samples of milk submitted from any suspicious cows.

1146 samples of milk from these producers have been taken for cleanliness and of these 150 have failed to pass the Methylene Blue Test, which is a measure of the keeping quality of the milk.

### Biological Sampling of Milk for the presence of Tuberculosis.

781 samples were submitted to the Laboratory for examination in order to detect the presence of tuberculosis; 11 samples showed the presence of tuberculosis. Immediate action to trace the cow or cows responsible was taken by the Divisional Veterinary Officer of the Animal Health Section, Ministry of Agriculture and Fisheries.

The Divisional Veterinary Officer's return to me shows that 24,552 cattle in ordinary herds were inspected during the period ended December 31st 1952, and that 109 were confirmed as suffering from tuberculosis, but only 6 cases of tuberculosis of the udder were found.

## INSPECTION AND SUPERVISION OF FOOD.

### Food and Drugs Act, 1938.

The County Sanitary Officer submits the following report for 1952:—

During the year 2,837 formal and informal samples were taken by the Department's seven Sampling Officers under the Food & Drugs Act, 1938. 588 of these were formal milk samples and 645 were of a variety of commodities other than milk, such as ice cream, sausages, spirits, proprietary medicines and all food commodities on sale to the public in a grocer's shop. All these samples were submitted to the Public Analyst.

The remaining 1,604 samples were milks submitted to the Gerber Test in the milk testing laboratory conducted by this Department. 125 of them were found to be deficient in either non-fatty milk solids or butter fat and, being formal samples, they were sent to the public Analyst, and are included in the 588 samples mentioned above.

Of the 992 samples reported on by the Public Analyst, 73 were declared to be either adulterated or giving rise to other irregularity.

There were sixteen prosecutions for the adulteration of milk and warnings were given in thirteen other cases. In addition, there was one prosecution in respect of ice cream and one in respect of sausages. Fuller details of these prosecutions are set out hereunder:

<i>Article.</i>		<i>No. of Prosecutions.</i>	<i>Amount of Fine and Costs.</i>
MILK	..	1	2 samples showed 17% and 19% added water. Fined £2 plus £4 4s. costs.
MILK	..	1	1 sample showed 6% added water. Fined £1 1s. plus £5 5s. costs.
MILK	..	1	2 samples showed 6% and 7% added water. Fined £5 plus £4 4s. costs.
MILK	..	1	2 samples showed 5% added water. Fined £3 plus £5 5s. costs.
MILK	..	1	3 samples showed 7%, 7% and 4% added water. Fined £10 plus £11 plus £3 3s.

MILK	..	1	1 sample showed 15% added water. Fined £3 plus £3 3s. costs.
MILK	..	1	2 samples showed 9% and 4% added water. Fined £10 plus £20 plus £3 3s. costs.
MILK	..	1	1 sample showed the addition of caramel. Fined £15 plus £1 1s. costs.
MILK	..	1	2 samples showed 4% and 5% added water. Fined £5 5s. on each charge plus £4 4s. costs plus £1 1s. fee.
MILK	..	1	1 sample showed 14% fat deficiency. Conditional discharge on payment of £3 3s. fee plus 4/- costs.
MILK	..	1	3 samples showed 8% and 5% and .3% added water. Fined £20 plus £3 3s. fee.
MILK	..	1	1 sample showed 18% added water. Fined £10 including costs.
MILK	..	1	2 samples showed 11% and 2% added water. Fined £15 plus £7 7s. fee plus 12/- costs.
MILK	..	1	1 sample of milk showed 14% added water. Fined £1 1s.
MILK	..	1	1 sample was 46% deficient in fat. Fined £5 plus £4 4s. costs.
MILK	..	1	5 samples of milk showed 5%, 4%, 8%, 3% and 3% added water. Fined £5 on each count plus £5 5s. fee.
SAUSAGES	..	1	A sample of sausages showed a meat deficiency of 16%. Fined £3 plus £1 1s. costs.
ICE CREAM	..	1	A sample of ice cream was found to be 38% deficient in fat. Fined £2 plus £1 1s. costs.







**TABLE VI.**  
**CAUSES OF DEATH IN EACH DISTRICT DURING THE YEAR, 1952.**

DISTRICTS.	All Causes	Tuberculosis—Respiratory	Tuberculosis—Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Child Birth, Abortion	Congenital Malformations	Other Defined and Ill-Defined Diseases	Motor Vehicle Accidents	All Other Accidents	Suicide	Homicide and Operations of War		
<b>URBAN. (Boroughs*)</b>																																							
Ashburton ..	43	2	—	—	—	—	—	—	—	—	3	—	1	—	3	1	—	7	4	—	3	5	—	—	1	3	—	—	—	1	—	—	—	5	—	—	—	2	—
Axminster ..	32	—	—	—	—	—	—	—	—	—	2	—	—	—	5	—	—	5	3	5	2	1	—	—	2	1	—	—	—	1	—	—	—	—	—	—	—	—	
*Barnstaple ..	199	3	2	—	—	—	—	—	1	1	5	2	1	2	16	—	—	33	23	6	64	9	—	—	2	2	2	2	1	—	1	—	2	9	1	—	4	—	
*Bideford ..	143	—	1	—	—	—	—	—	—	—	4	—	2	2	21	—	—	19	18	6	35	5	—	—	2	9	—	—	—	1	—	—	9	—	5	—	—		
Brixham ..	123	3	1	—	—	—	—	—	—	—	5	2	3	1	6	1	—	24	14	2	15	3	2	—	5	1	—	—	1	5	—	—	3	16	2	3	3	—	
Buckfastleigh ..	30	—	—	1	—	—	—	—	—	—	—	—	1	2	2	—	—	7	3	—	6	1	1	—	—	—	—	—	—	—	—	—	4	—	—	1	—		
Budleigh Salterton ..	64	—	—	—	—	—	—	—	—	—	1	—	2	—	9	—	—	14	15	—	10	—	1	—	—	3	—	—	1	1	—	—	6	—	1	—	—		
Crediton ..	53	—	—	—	—	—	—	—	—	—	2	1	1	—	3	—	—	10	3	—	10	2	1	—	2	6	—	—	—	3	—	—	6	—	1	1	—		
*Dartmouth ..	97	1	—	—	—	—	—	—	—	—	2	3	4	2	12	—	1	19	13	—	12	8	—	—	2	3	—	—	—	3	—	—	6	—	3	1	—		
Dawlish ..	88	—	—	—	—	—	—	—	—	—	—	2	2	3	9	—	—	16	8	2	17	5	—	—	2	2	3	1	—	2	—	—	12	—	1	—	—		
Exmouth ..	276	4	1	—	—	—	—	1	—	—	3	4	8	2	31	1	4	33	33	3	65	9	—	8	10	2	2	2	2	2	3	1	2	31	3	6	2	—	
*Great Torrington ..	47	—	—	—	—	—	—	—	—	—	3	1	—	—	3	—	—	1	9	—	18	2	—	—	1	1	1	3	—	—	—	—	2	—	1	—	—		
Holsworthy ..	20	—	—	—	—	—	—	—	—	—	2	1	—	—	2	—	—	—	2	—	—	3	3	—	—	1	2	—	—	—	—	—	2	1	—	—	—		
*Honiton ..	47	2	1	—	—	—	—	—	—	—	—	2	1	—	2	1	—	9	5	1	8	1	—	—	1	4	1	1	—	—	—	—	6	1	1	1	—		
Ilfracombe ..	137	—	—	—	—	—	—	—	—	—	3	2	7	3	12	2	—	21	23	2	34	4	—	4	2	2	1	—	—	1	3	1	1	6	—	2	3	—	
Kingsbridge ..	32	1	—	—	—	—	—	—	—	—	1	1	—	—	4	1	6	6	—	—	3	9	—	—	2	—	—	—	—	—	—	—	2	—	—	19	—		
Lynton ..	42	1	—	—	—	—	—	—	—	—	1	—	—	1	2	—	—	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—	—	—		
Newton Abbot ..	198	5	1	—	—	—	—	—	—	3	4	6	3	2	19	2	1	27	22	4	38	15	—	5	8	1	1	1	—	1	2	—	—	24	—	3	1	—	
Northam ..	92	—	—	—	—	—	—	1	—	—	—	1	2	—	13	—	—	9	15	5	23	1	—	2	2	1	1	1	1	2	—	—	8	—	4	—	—		
*Okehampton ..	49	—	—	—	—	—	—	—	—	—	2	3	—	—	7	—	1	11	4	1	8	1	1	—	—	—	1	—	—	1	—	—	5	—	—	1	1	—	
Ottery St. Mary ..	49	—	—	—	—	—	—	—	—	—	1	1	2	—	5	—	—	7	10	2	5	1	—	2	3	—	—	—	—	1	—	—	6	1	2	—	—		
Paignton ..	404	4	1	2	—	—	—	—	—	—	6	9	4	6	48	1	5	83	45	5	105	13	1	4	15	2	1	1	1	5	—	—	27	3	4	4	—	—	
Salcombe ..	47	—	—	—	—	—	—	—	—	—	—	—	1	1	4	—	—	11	6	2	11	4	—	4	—	—	—	—	—	—	—	—	2	—	—	—	—		
Seaton ..	57	2	—	—	—	—	—	—	—	—	1	—	1	—	3	—	2	6	10	3	12	1	1	—	—	—	3	1	—	—	2	—	4	—	3	1	—		
Sidmouth ..	186	1	—	1	—	—	—	—	—	—	6	3	1	2	10	3	2	43	23	1	29	16	—	4	4	3	3	—	2	2	—	—	18	2	1	4	—		
*South Molton ..	59	3	—	—	—	—	—	—	—	—	2	1	—	—	3	—	—	7	3	1	16	3	3	—	2	—	—	—	1	—	—	—	11	—	—	—	—		
Tavistock ..	96	4	—	—	—	—	—	—	—	1	2	1	2	1	12	—	1	16	15	1	12	6	—	3	4	—	—	—	1	1	1	—	9	—	2	1	—		
Teignmouth ..	204	3	—	1	—	—	—	—	—	1	6	6	3	2	18	1	2	29	22	2	54	8	1	4	5	4	2	1	2	—	—	—	23	1	3	—	—		
*Tiverton ..	115	3	—	—	—	—	—	—	—	—	4	6	2	—	13	—	—	24	20	1	17	4	1	3	2	—	—	—	—	—	3	6	—	—	1	3	—		
*Torquay ..	800	15	2	—	—	—	—	—	—	—	21	16	11	8	70	5	4	154	96	15	155	43	2	32	21	4	10	7	12	9	—	2	65	4	11	6	—		
*Totnes ..	70	2	—	—	—	—	—	—	—	—	1	2	3	1	8	—	—	11	—	—	—	7	—	—	1	2	—	—	—	—	—	10	—	—	1	2	—		
<b>TOTALS ..</b>	<b>3899</b>	<b>59</b>	<b>10</b>	<b>5</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>93</b>	<b>74</b>	<b>68</b>	<b>41</b>	<b>375</b>	<b>18</b>	<b>24</b>	<b>664</b>	<b>473</b>	<b>67</b>	<b>814</b>	<b>186</b>	<b>15</b>	<b>104</b>	<b>119</b>	<b>28</b>	<b>37</b>	<b>20</b>	<b>50</b>	<b>36</b>	<b>6</b>	<b>18</b>	<b>342</b>	<b>19</b>	<b>82</b>	<b>42</b>	<b>1</b>		
<b>RURAL.</b>																																							
Axminster ..	161	1	—	—	—	—	—	—	—	—	7	3	5	1	16	—	2	21	18	3	36	9	1	3	6	—	—	—	—	1	4	—	1	17	5	1	—	—	
Barnstaple ..	322	6	1	—	—	—	—	3	—	1	6	6	7	1	35	—	2	44	52	5	63	12	1	3	8	—	1	—	—	5	1	1	4	27	5	17	4	—	
Bideford ..	62	—	—	—	—	—	—	—	—	—	3	—	1	1	5	—	—	18	7	2	10	2	—	2	2	—	—	—	1	—	—	—	6	—	1	—	—		
Broadwoodwidge ..	13	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	3	—	—	1	2	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—		
Crediton ..	122	1	—	—	—	—	—	—	—	—	2	1	2	1	9	—	—	19	12	2	37	4	1	3	6	2	—	—	—	—	—	—	13	—	1	—	—		
Holsworthy ..	72	—	—	—	—	—	—	—	—	—	6	2	2	1	6	—	—	3	8	1	16	3	—	2	6	1	—	—	—	1	—	—	8	—	1	—	—		
Honiton ..	79	—	—	—	—	—	—	—	—	—	2	2	2	1	8	—	—	9	10	—	20	1	—	—	2	—	3	1	2	3	—	—	11	—	1	—	—		
Kingsbridge ..	160	2	—	—	—	—	—	—	—	1	4	4	—	—	21	—	2	19	26	3	29	6	—	2	6	2	3	2	1	—	—	19	2	5	1	—			
Newton Abbot ..	312	7	2	—	—	1	—	—	—	—	12	10	4	4	26	2	1	47	33	3	60	20	—	11	6	6	5	3	5	—	—	25	4	9	4	—			
Okehampton ..	157	1	1	—	—	—	—	—	—	1	2	1	—	—	15	—	1	22	17	2	46	7	—	3	7	2	2	—	—	—	—	16	2	2	—	—			
Plymouth St. Mary ..	396	4	—	—	—	—	—	—	—	2	15	11	7	5	31	2	2	59	64	12	45	25	3	11	9	7	4	6	5	3	—	51	3	5	—	—			
St. Thomas ..	329	1	1	1	—	—	—	—	—	3	12	5	6	3	37	—	2	50	33	10	58	18	3	13	11	4	5	1	2	6	—	5	29	1	5	4	—		
South Molton ..	108	1	1	—	—	—	—	—	—	—	1	3	1	1	9	—	—	12	9	2	32	6	—	5	4	—	—	1	1	—	—	13	—	2	2	—			
Tavistock ..	187	3	—	1	—	—	—	—	—	1	7	2	1	1	29	2	—	33	20	3	41	8	4	2	4	1	1	—	1	—	—	20	—	2	—	—			
Tiverton ..	219	—	—	—	—	—	—	—	—	3	6	5	2	2	20	2	3	36	27	8	35	13	—	15	3														



TABLE VII.  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE  
COUNTY OF DEVON, 1952.

CAUSES OF DEATH.	SEX	AGGREGATE OF URBAN DISTRICTS.									AGGREGATE OF RURAL DISTRICTS.								
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES .. ..	M. F.	1,820 2,079	60 27	9 6	11 8	10 12	64 62	419 314	513 512	734 1,138	1,550 1,405	51 39	8 5	12 4	25 10	66 30	301 259	435 362	652 696
1 Tuberculosis— Respiratory .. ..	M. F.	41 18	— —	— —	— —	— 2	10 8	21 —	8 4	2 4	22 9	— —	— —	— —	— —	10 3	9 3	2 3	1 —
2 Tuberculosis— Other .. ..	M. F.	5 5	1 —	1 —	1 —	— —	2 —	1 1	— 1	1 1	4 2	— —	— —	1 —	2 —	— —	1 —	— 1	— 1
3 Syphilitic Disease .. ..	M. F.	3 2	— —	— —	— —	— —	— —	— 2	1 —	2 —	2 —	— —	— —	— —	— —	— —	2 —	— —	— —
4 Diphtheria .. ..	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5 Whooping Cough .. ..	— F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	1 —	— —	— —	— —	— —	— —	— —	— —
6 Meningococcal Infections .. ..	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
7 Acute Poliomyelitis .. ..	M. F.	1 1	— —	1 —	— —	1 —	— —	— —	— —	— —	2 2	— —	— —	1 —	1 —	1 —	— —	— —	— —
8 Measles .. ..	M. F.	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
9 Other Inefective and Parasitic Diseases .. ..	M. F.	1 5	1 —	— —	— —	— —	— —	— 2	— 1	— 2	7 7	— 1	— —	1 —	— 1	1 —	4 3	— 1	1 1
10 Malignant Neoplasm, Stomach .. ..	M. F.	35 58	— —	— —	— —	— —	— —	11 14	13 17	11 27	58 36	— —	— —	— —	— —	1 1	16 7	23 9	18 19
11 Malignant Neoplasm, Lung, Bronchus .. ..	M. F.	58 16	— —	— —	— —	— —	2 —	33 7	22 4	1 5	48 10	— —	— —	— —	— —	2 1	25 4	15 3	6 2
12 Malignant Neoplasm, Breast .. ..	M. F.	1 67	— —	— —	— —	— —	— 6	— 16	— 32	1 13	1 40	— —	— —	— —	— —	— —	— 18	1 14	— 8
13 Malignant Neoplasm, Uterus .. ..	M. F.	— 41	— —	— —	— —	— —	— 1	— 21	— 10	— 9	— 22	— —	— —	— —	— —	2 —	— 11	— 4	— 5
14 Other Malignant and Lymphatic Neoplasms	M. F.	179 196	— —	1 —	1 3	— —	7 9	37 45	67 60	66 79	164 133	— —	— —	2 1	— —	9 2	35 46	61 46	57 38
15 Leukaemia, Aleukaemia .. ..	M. F.	11 7	— —	2 —	1 —	2 —	1 1	3 1	2 3	— 2	6 4	— —	2 —	— —	— —	1 1	3 3	— —	— —
16 Diabetes .. ..	M. F.	15 9	— —	— —	— —	— —	— —	2 2	9 3	4 4	5 11	— —	— —	— —	— —	— —	2 5	2 3	1 3
17 Vascular Lesions of Nervous System .. ..	M. F.	258 406	— —	— —	— —	— —	4 4	45 48	80 115	129 239	178 247	— —	— —	— —	1 —	1 3	33 37	60 65	83 142
18 Coronary Disease, Angina .. ..	M. F.	281 192	— —	— —	— —	— —	6 2	94 30	100 68	81 92	240 122	— —	— —	— —	— —	7 —	57 20	88 44	88 58
19 Hypertension with Heart Disease .. ..	M. F.	33 34	— —	— —	— —	— —	1 —	5 2	11 12	16 20	29 32	— —	— —	— —	— —	1 2	4 1	7 15	17 14
20 Other Heart Disease .. ..	M. F.	338 476	— —	— —	— —	— 1	6 4	42 31	83 73	207 367	278 319	— —	— —	— 1	1 1	1 4	27 32	60 56	189 225
21 Other Circulatory Disease .. ..	M. F.	74 112	— —	— —	— —	— —	3 4	14 11	23 26	34 71	75 74	— —	— —	— —	— 1	2 —	14 10	21 16	38 47
22 Influenza .. ..	M. F.	7 8	— 1	— —	1 —	— —	— —	1 —	3 2	2 5	9 6	— —	— —	— —	1 —	— —	2 —	2 2	4 4
23 Pneumonia .. ..	M. F.	49 55	5 3	1 —	— —	— 1	1 —	9 10	9 11	24 30	38 45	4 4	1 —	— —	— —	3 —	1 5	11 11	18 25
24 Bronchitis .. ..	M. F.	75 44	— —	1 —	— —	— —	— —	22 6	19 8	33 30	59 30	— —	— —	— —	— —	1 —	8 4	14 5	36 21
25 Other Diseases of Respiratory System .. ..	M. F.	17 11	— 1	— —	2 1	— —	1 —	6 2	6 —	2 7	18 9	— —	1 —	— 1	— —	1 —	4 3	6 3	6 2
26 Ulcer of Stomach and Duodenum .. ..	M. F.	30 7	— —	— —	— —	— —	1 —	11 2	10 2	8 3	20 8	— —	— —	— —	— —	1 —	5 2	8 5	6 1
27 Gastritis, Enteritis and Diarrhoea .. ..	M. F.	7 13	1 —	1 —	— 1	— —	— 1	— 4	2 2	3 5	11 9	3 2	— —	— —	— —	1 —	— 2	3 4	4 1
28 Nephritis and Nephrosis .. ..	M. F.	26 24	1 —	— —	— —	2 —	— 4	8 3	4 5	11 12	19 13	— —	— 1	— —	1 —	1 1	9 3	6 4	2 4
29 Hyperplasia of Prostrate .. ..	M.	36	—	—	—	—	—	1	9	26	34	—	—	—	—	—	3	11	20
30 Pregnancy, Child Birth, Abortion .. ..	F.	6	—	—	—	1	5	—	—	—	1	—	—	—	1	—	—	—	—
31 Congenital Malforma- tions .. ..	M. F.	11 7	8 2	— —	— —	— 1	1 —	— 2	2 1	— 1	9 13	8 8	— 2	— —	1 —	— 1	— 1	— —	— 1
32 Other Defined and Ill- Defined Diseases .. ..	M. F.	145 197	38 18	1 2	1 —	— 4	2 8	26 36	19 38	58 91	137 168	34 21	2 1	3 —	3 3	9 6	18 30	19 42	49 65
33 Motor Vehicle Accidents .. ..	M. F.	14 5	— —	— 3	2 —	5 —	3 —	2 1	2 —	— 1	24 2	— —	1 —	1 —	9 —	4 1	4 1	4 —	1 —
34 All Other Accidents .. ..	M. F.	44 38	5 2	1 —	3 2	1 1	6 3	13 5	4 10	11 15	37 25	2 2	1 1	4 —	5 2	4 1	9 4	7 6	5 9
35 Suicide .. ..	M. F.	23 19	— —	— —	— —	— —	6 2	12 10	4 4	1 3	15 5	— —	— —	— —	— 1	4 —	6 4	3 —	2 —
36 Homicide and Opera- tions of War .. ..	M. F.	1 —	— —	— —	— —	— —	— —	— —	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	1 —	— —

TABLE VII.